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completely filled in by the funeral director, page 3 s 1 and 2 should be filed within 72 hours after death

physiciol

pleo

TO FUNERAL DIRECTOR: After this certificate has been signed should be detached for use as the burial-transit permit. Then plew with the State Dept. of Health and Mental Hygiene prior to burial IMPORTANT: If them 21 is marked or them 18 shows any injury, or

STATE OF MARYLAND

- STATE REGISTRAR		DEPARTA	CERTIFICATE	OF DEATH	REG.	NO.				
I. DECEASED NAME	FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH	DAY	YEAR	2h HOU	JR .
(TYPE OR PRINT)	E.	Virginia.	Adams			8-2-	80		2:10	PM
3. SEX		4 RACE	5. DATE OF BIRTH	1	6 AGE (IN YEARS LAST B	IRTHDAY)	IF UNDE		IF UN DER	
Female		White	2 MONTH	2 1910	70	YRS.	IMONTHS	DAYS	HOURS	MIN
To BIRTHPLACE ISTATE OR F	OREIGN	76 CITIZEN OF WHAT COUNTRY?	8	IEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DE	ATH		
Oxford, Md.		U.S. A.	WIDOWED	DIVORCED	Baltimo	re Co	untv	,		MD.
Towson	ATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET St. Josephs H.	ADDRESS)	ER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS: Secretar	OF WORKING	LIFE) IND	USTRY	Life:	Ins.
USUAL RESIDENCE (IF NURS 130. STATE Maryland	13b COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	ISIDE CITY LIMITS?	130 STREET ADDRESS	shine	Ave.	Kin	gsvi	lle,

15 MOTHER'S MAIDEN NAME

ð	Richard	S.	Harrisson	Nina	MIDDLE .	Timmons
٦	16a WAS DECEASED EVER		166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS Kin	gsville, Md.
	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	213-01-9746	Mr. Fred Adams	, 6821 Sunshin	e Ave. 21087
	PART I. DEATH W	DUE TO, O	Terminal Co	arcinoma Sepsis	CARCINONA	
	couse (o), stotin	mediate and the DUE TO, O	R AS A CONSEQUENCE OF		- BLADDER	•

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOX NOF YES 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. HTMOM DAY YEAR OR CONTRIBUTING | CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION STREET 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE

22s.1 certify that (I)	(this haspital) attended	the deceased from	7-19	, 19 <u>80</u> , to	8-2	
saw the decease	d olive on	8-2 19 8	O, and that in (	(my) (our) opinion death o	ccurred on the dote ond h	our and from the causes stated
22b. SIGNATURE	1	2	DEGREE			22c. DATE SIGNED

PHYSICIAN PAPUDESU MOHAN

22e. ADDRESS

ATTENDING

MEDICAL

STAFF

DIRECTOR PHYSICIAN

		7020 101K	noda,	lowson, Md.	2170
Bo. BURIAL, CREMATION, REMOV	236. DATE 8-6-1980	Gardens of Faith Com.	23d LOCATION	Pafryn -	

24 FUNERAL DIRECTOR

WHILE

14 FATHER'S NAME

E.F. Lassahn, 11750 Belair Rd. Kingsville, Md. 21087

DHMH - 16 50M 1/76 (VR A 15 (4))

retained by the hospital or

1. 1. P. T. U. Bushamurer, G. Person

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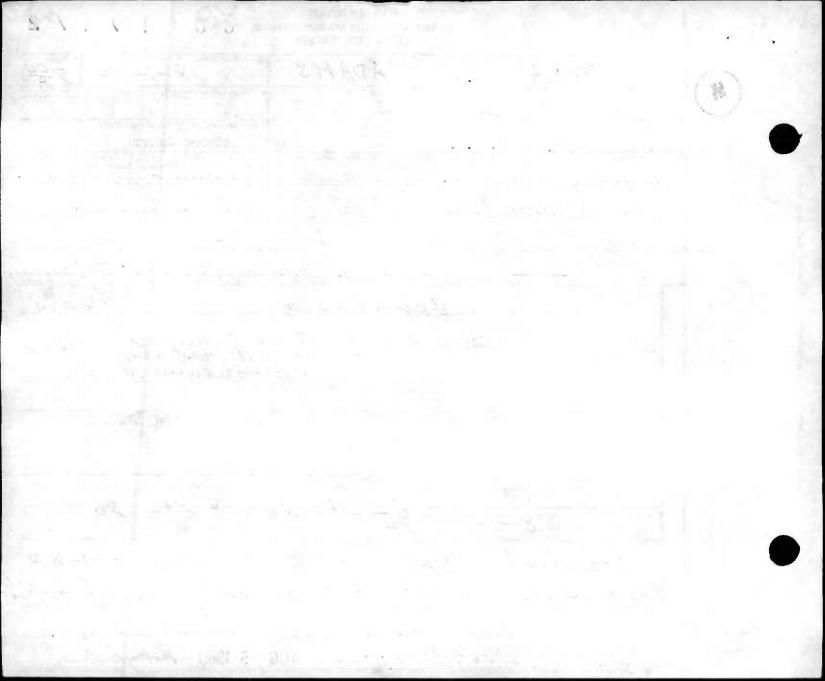
requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

PEG NO					
	REG. NO.				

	- STATE REGISTRAR			NT OF HEALTH AP CERTIFICATE O		REG. N	40.	40.00
	DECEASED NAME FIRST YPE OR PRINT)	A	C.	ADA	MS	20 DATE OF DEATH	MONTH DAY YEAR	2h. HOUF
) 3.5	SEX 10 L	4 RACE		DATE OF BIRTH	7 7 0	& AGE (IN YEARS LAST BIR		
/	Male	White	e	06 24		84	YRS.	AYS HOURS
70.1	BIRTHPLACE ISTATE OR FOREIGN COUNTRY)	76 CITIZEN OF W		MARRIED A NEV	ER MARRIED		OR COUNTY OF DEATH	Н
	astern Shore Md.		S.A. W	HOME OF OTHER	DIVORCED	Baltimore		ID OF BUSINES
55 1	Randallstown	Baltimor	FACILITY, GIVE STREET ADD	eral Hosp		(TYPE OF WORK FOR MOST	of working life! INDUS	TRY
130	SUAL RESIDENCE (IF NURSING HOME OF STATE 136 COL Caryland Bal	INTY	give residence before adi 13c. CITY OR TOWN Rockdale		NO [	130. STREET ADDRESS. 3501 Abbi	le Place, 2	1207
	FATHER'S NAME FIRST Sidney	MIDDLE	Adams	IS. MOTH	er's maiden na Olevia	ME MIDDLE	Moore	LAST 2
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES!	216-03-91			Adams, 3501	MA 2.	1207 ce,Rock
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR	AS A CONSEQUENCE	CE OF dis	ease	with re	Pirato	you
NO	gave rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT	(c)			elin lase Lisso TED TO THE TERM	with resulting the control of the co	PLANT OF THE PAR	Jea Tila
6 TIFICATION	gave rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT	CONDITIONS COM		ATH BUT NOT RELA		20a AUTOPSY? YES NO	200. IF YES, WERE FIN	NDINGS USED
CAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  71a, ACCIDENT WAS UNDERLYING	CONDITIONS	NTRIBUTING TO DEA ION FOR WHICH OP INJURY 1. MONTH DAY	PERATION WAS PE	RFORMED	20a AUTOPSY?	706. IF YES, WERE FIN	NDINGS USED ISES OF DEATH
MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  71a, ACCIDENT WAS UNDERLYING	CONDITIONS	NTRIBUTING TO DEA ION FOR WHICH OP INJURY 1. MONTH DAY	PERATION WAS PE  YEAR 19 711 LOC.	RFORMED	20a AUTOPSY?	706, IF YES, WERE FIN IN CERTIFYING CAU YES JRY IN ITEM 18, PART 1 OR PART	NDINGS USED ISES OF DEATH
	gove rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFETHER, NOTHEY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOTWHILE	CONDITIONS	INJURY  MONTH DAY  FINJURY  A MONTH DAY  deceased from	YEAR 19 211 LOC. 578	RFORMED  V INJURY OCCUR  ATION  EET  19 8 2	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO	706, IF YES, WERE FIN IN CERTIFYING CAU YES JRY IN ITEM 18, PART 1 OR PART	NDINGS USED ISES OF DEATH NO [2]
	gove rise to immediate couse (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DIFFERENCE AUTORY  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  27a.1 certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did right).	CONDITIONS	INJURY  MONTH DAY  FINJURY  A MONTH DAY  deceased from	YEAR 19 211 LOC. 578	RFORMED  V INJURY OCCUR  ATION  EET  19 8 2	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO	270b. IF YES, WERE FIN IN CERTIFY ING CAU YES   JIRY IN ITEM 18, PART 1 OR PART  WN COUNTY  19  27c. D  27c. D	NDINGS USED ISES OF DEATH NO [2]
	gove rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D 1 IF EITHER, NOTHEY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOTHEY MEDICAL EXAMINE AT WORK  22a.I certify that (I) (this has saw the deceased alive a above, (I) (we) (did) (did)	CONDITIONS	INJURY  MONTH DAY  FINJURY  A MONTH DAY  deceased from	PERATION WAS PE  YEAR 19 211 LOC. 518 2 and that in (	ATION  TO JUST OCCUR  ATION  TO JUST OCCUR  TO JUST	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  death occurred on the of  MEDICAL STA	270b. IF YES, WERE FIN IN CERTIFY ING CAU YES   JIRY IN ITEM 18, PART 1 OR PART  WN COUNTY  19  27c. D  27c. D	NDINGS USED ISES OF DEATH NO 22
MEDICAL	gove rise to immediate couse (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DIFFERENCE AUTORY  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  27a.1 certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did right).	CONDITIONS	INJURY  INJURY  FINJURY  ET, FACTORY, OFFICE, FARM  deceosed from  fiter death.  HONG  136, NAA	PERATION WAS PE  YEAR 19 211 LOC. 578 2 and that in (  DEGREE	ATION ATION  ATTENDING PHYSICIAN [ RESS  CR CREMATORY	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  death occurred on the of  MEDICAL STA	TOB. IF YES, WERE FIN IN CERTIFYING CAU YES   JIRY IN ITEM 18, PART 1 OR PART  OUNTY  TO STATE OF THE STATE O	STA

DHMH-16 25M (VRA 15, 4) 1/79



Page 4 may be

	FOR STATE REGISTRAR				CERTIF	E OF MARYLAND BEALTH AND MENTAL H CICATE OF DEATH	Ų.	O REG. NO		9 4	7 3
	DECEASED NAME YPE OR PRINT)	Matthey		ory	ADAM	ISE	Au	gust :	22, 1980	YEAR	2:00an
once.	Male Male		White		Dec.		6. AGE IN Y	73	HDAY) IF UP	HS DAYS	IF UNDER 24 HRS HOURS MIN
100	BIRTHPLACE (ST. COUNTRY) Holland	NTE OR FOREIGN	U.S	.A.	1.	D NEVER MARRIED	100	_	R COUNTY OF County	DEATH	M
6	Rossvill	e	Frankl:	in Square	Hosp	or other institution	12e USUAL (TYPE OF WOR Clerk	K FOR MOST OF		2h. KIND C NDUSTRY Bank	ing
Tal examiner 14.	SUAL RESIDENCE STATE  S	Balt:	OTHER INSTITUTION, IY MOTE	GIVE RESIDENCE BEFORE 13c. CITY OR TOW  Overlea  LAST	N	134 INSIDE CITY LIMITS? YES NO THE SMAIDEN NO FIRST Teuntze	115 M	anor A	Avenue	LAS	ī.
0 2		EVER IN U.S. ARA	NED FORCES?	213-07-5		Marie Heind	JELL T	ADDRE	21	162 a Rd.	White
hen please remove carbon pa • ta burial, cremation, or rem ny injury, or other traumatic	gave rise (a), underlying	couse last	(b)	R AS A CONSEQUE  R AS A CONSEQUE  DITRIBUTING TO E	NCE OF	earcinomatosi		E OR CONI	DITION GIVEN I	N PART 1(c	D1
Hygiene prior to	19a DATE OF				OPERATIO	N WAS PERFORMED	200 AUTC	NO [	20h. IF YES, WEIN CERTIFYING	G CAUSES ]	
O O	OR CONTRIBUTION	WAS UNDERLYING OF DEATH OF DEA	P./	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCU	URRED JENTER NA	TURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2)	
th and N	21d. INJURY O	NOT WHILE AT WORK	21e PLACE ( (AT HOME, STR	OF INJURY PEET, FACTORY, OFFICE, F		211 LOCATION STREET		CITY OF TOW		OUNTY	STATE
Dept, of Heal	saw the	hot (X (this haspited deceased alive an _ (we) (did) (AC) fact RE	Augus	t8228 19 8		7 27 19 80 nd that in Xny) (our) opinion	. 10	Ugust ed on the do	. 19_		
d be detactive State	Λ.	N'S NAME (TYPE OR	. 1/	to		220 ADDRESS	DIRECTOR		IAN 🔼		2/80
Nith Odin	Angel' BURIAL, CREMA (SPECIFY) Burial		DI CN 23h DATE August	25.80 Ho	olv Re	9000 Frank EMETERY OR CREMATOR Edeemer Cem.	Y 23d. LOCA	ATION	Maryl	NTY	STATE
1.16.25M	FUNERAL DIRECT			ADDRESS Ba	altimo		ATE REC'D. BY R				vedy

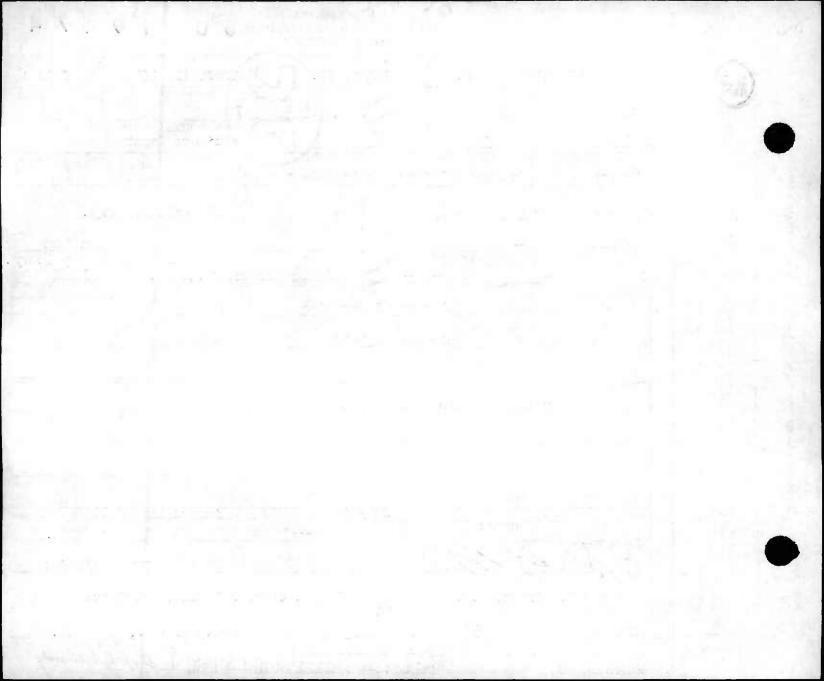
Mite Doc. 26, 1988 73 orsyllo mandin curre ospital ler arviand which ore verien Teuntice Van Aken មាន ស្រែក ស្រាប់ជាតិវ 200-07-5680 acte loindl 10000 lhiladelphic le. thine Haz

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tipped means comes, Inc. 7440 oelair 81. 20206

8			1-	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	o.	9 4	7 4
				CEASED NAME FIRST		AIDDLE		AST	20 DATE OF DEATH		Y YEAR	2b. HOUR
	(B.41)		,,,,,,	WILLIA	AM	Н.	ALL	EN, SR.	AUGUST 13	, 1980		3:15 A <sub>M</sub>
	(Tasse)		3 SE	(	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER I YEAR	R IF UNDER 24 HRS
	ge 4 ec	=		Male	White		Nov.		70	YRS		1100/13
	death. Pa	of once	N e	RTHPLACE (STATE OR FOREIGN WITH THE WORLD OF	76 CITIZEN OF V	WHAT COUNTRY?	MARRIE!	NEVER MARRIED DIVORCED	Baltimore city o	_		MD
10	rs ofter o by the fu	956		Towson	Greater	Baltimo	re Med	rother institution lical Center	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Merchant	F WORKING LIFE	INDUSTRY	OF BUSINESS OR
ND 212	24 hour filled in ould be f	e 35	USU.	TATE TYLAND	OR OTHER INSTITUTION. JNTY	GIVE RESIDENCE BEFOR	e admission) VN Ore	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 3017 Bre	en d <b>a</b> n	Ave.	TV.
BALTIMORE, MARYLAND 2120	mpletely ond 2 sh	Cominer		THER'S NAME FIRST John	WIDDLE	Alle	-	15 MOTHER'S MAIDEN NA.	ME		3: 1/	ston
IMORE,		2	()	AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SEC	JRITY NO.	William Al	len.Jr.,so	2608 L	iber	ty Pkwy 222
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAI	The low requires that the death ceicion. Icion. The has been signed by the attending sit permit. Then please remove carbigiene prior to burial, cremation, or r	m 18 shows any injury, or other troumatic event, the	AL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse lost stating the underlying couse lost  PART 2 OTHER SIGNIFICANT  Carc  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, OI  CONDITIONS CC  CINOMA OF  196 CONDI	Pulmona  R AS A CONSEOU  Pulmona  R AS A CONSEOU  DITRIBUTING TO  TION FOR WHICH  FINJURY  M. MONTH D	ENCE OF  ENCE OF  DEATH BUT  IN OPERATION  AY YEAR	NOT RELATED TO THE TERM	200 AUTOPSY?  YES ▼ NO□	20b. IF YES, IN CERTIFYI	WERE FINDING CAUSE	
DIVISION	HYSIC ading nis cer burio	21 is morked or Item	MEDICAL	IF EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did) on the construction of the construction	21e. PLACE ( (AT HOME, STR  pitol) offended the	OF INJURY LEET, FACTORY, OFFICE, e deceosed from.	Jul	211 LOCATION STREET  7 11 , 19 80 d that in (my) (our) opinion	city or tov , to <u>August</u> deoth occurred on the de	13 , 19	COUNTY  9 80  point from the	, that (I) (we) lost e couses stated
	HOSPITAL OR sined by the horner FUNERAL DIRE puld be detoched the the Stote Dept.	APORTANT: If Iten		226. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE Ronald L. ST		D.		ATTENDING PHYSICIAN [270 ADDRESS]	MEDICAL STAI DIRECTOR PHYSIC	IAN XX	8/1	E SIGNED 13/80 MD 21204
	O ge O ge	≥	23o. E	URIAL, CREMATION, REMOVA	L 23b. DATE	23ε.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		OUNTY	STATE
7/23	3 BP		L	Burial	8/16	/80 Mo	st Ho	ly Redeeme	r Cem. Ba	1 +.0		Md
	DHMH - 16 50M 1/76 (VR A 15 (4))	5	24 F	Schiffunek F	uneral	3.3.31	Brel	$ \begin{array}{cccc} \text{nms Lane}^{25a,DAT} \\ \text{d. 21218} & & & & & & & \\ \end{array} $	E REC'D. BY REGISTRAR	25b. REGISTRA	AR'S SIGNA	Creody
				Home, Inc.		Dal_	L J	U CICIDAN			/	

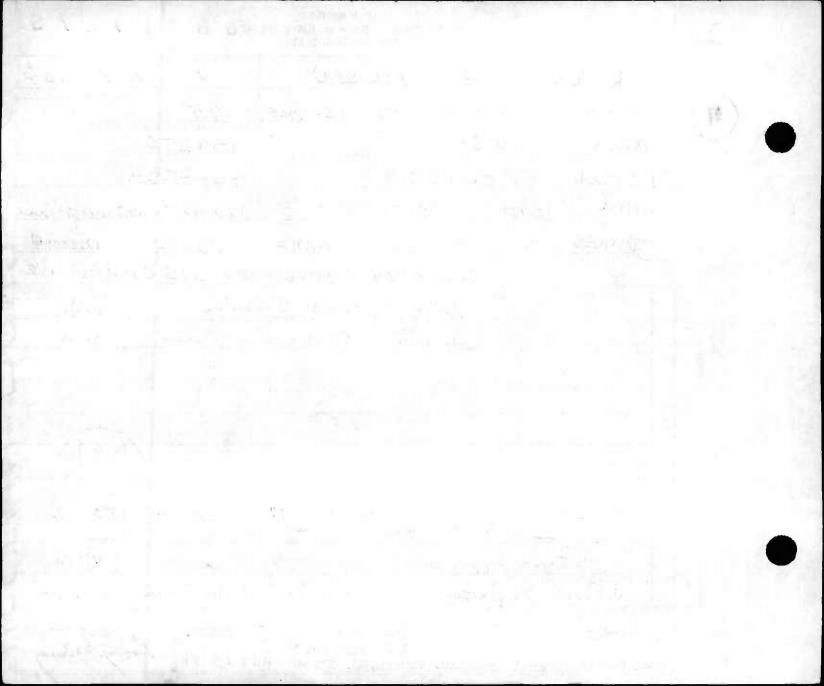


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death Page 4 may be

retoined by the hospital or attending physician.

DHMH - 16 50M 1/76 (VR A 15 (4) )

2	1.	FOR - STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND LEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 0	10.	9 4	7 5
ne		CEASED NAME FIRST	WIDDLE	0.1	AST	2a DATE OF DEATH	MONTH DAY	80	26 HOUR, O
0 0	3. SE	x 821 = 14	H. RACE	5. DATE O	SON	6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
M		Female	WhIE	MONT		35		NTHS DAYS	HOURS MIN
	Ja B	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUN	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH	MD
oy the tu	10 C	TOWSOU	11. NAME OF HOSPITAL, N	STREET ADDRESS)	DR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST	OF WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESS OR
mpletely filled in by the ord 2 should be filed with the filed standard the filed standar	USU 13a.	AL RESIDENCE IF NURSING HOME COL	R OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS		ב נוצות ל	to Deuse
completely filled	14. F.	ATHER'S NAME	MIDDLE AS	T	15 MOTHER'S MAIDEN N	AME		LAST	
S S S S S S S S S S S S S S S S S S S	140.)	MAD DECEASED EVER IN U.S. A		SECURITY NO.	ANNA 17 INFORMANT	ADDE	) ES	KKF1	XXXXX
S. Poges			/E WAR OR DATES)	13.7814	G. WARREN		5 C Ju		ave
an poper emoval. event, th		18 CAUSE OF DEATH LEnter of PART I. DEATH WAS CAUS IMMEDIA	nly one couse per line for (a), I ED BY: TE CAUSE (a) Act		ocardial I	hfarction		BETWEEN O	NATE INTERVAL NSET AND DEATH
atending ave corbo ation, or re roumatic e		Canditians, if any, which gove rise to immediate	DUE TO, OR AS A CON	SEOPENCE OF	Cardiovasa	cular Disea	><	422	rs
by the cose rem al, cremo		couse (a), stating the underlying couse last.	DUE TO, OR AS A CON	SEQUENCE OF					
signed hen plec to burial	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COM	IDITION GIVEN	IN PART 110	
t permit. I ene prior ows any ii	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		VERE FINDING	
buriol-fronsit Mentol Hygie or Item 18 sho		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE		H DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJE	JRY IN ITEM 18, PART	1 OR PART 2)	
the burn ond Mer ked or Ite	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C		211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
TOR: Atte		22a.1 certify that the (this hasp	Avnit	800	nd that in (my) (cod) apinia	n death occurred an the c	lote and hour a		hat 🚊 (we) last
AL DIREC Jetoched I ote Dept. T. If Item		22b. SIGNATURE	or view the body offer death.		ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	220 DATE S	IGNED TO
TO FUNERAL DIRECTOR: should be detached for us with the Stote Dept. of Hei MPORTANT: If frem 21 is:		22d. PHYSICIAN'S NAME (TYPE	Supplació		615 Chest	nut Are, T.	_	10 2	1204
± \$ ≥ <del>1</del>	23a.	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	» CC	DUNTY	STATE
	24 F	Burial UNERAL DIRECTOR	8-7-80	Slate		Delta,	25h RECOULD	Pennsy R'S SIGNATU	lvania
50M 1/76 (5 (4) )	1	uck Towson Fune	ral Home.Inc.		YORK RO.	AUG 7 1980	perf	my / Ka	Credy



Page 4 may be

executed within 24 hours aft

requires that the death certificate be

ATTENDING PHYSICIAN:

-	FOR 1 - STATE REGISTRAR	DEP	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 Q	19476
	T DECEASED NAME FIRST (TYPE OR PRINT) ALMA	E .	ANDERSON	2ª DATE OF DEATH MONTH	03 80 11:45P
	3 SEX FEMALE	4 RACE WHITE	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	70 BIRTHPLACE ISTATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN		BALTIMORE CITY OR COL	
	TOWSON	GBMC 206701 6W	URSING HOME OR OTHER INSTITUTION STREET ADDRESS RLES ST.	17.6 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) MASSEUSE	IZE KIND OF BUSINESS OR INDUSTRY  HEALTH
1	USUAL RESIDENCE (IF NURSING HOME) 130. STATE  MD  14 FATHER'S NAME	OR OTHER INSTITUTION, GIVE RESIDENCE JINTY 13c. CITY OR BALT	TOWN 134. INSIDE CITY LIMITS?	829 Bennin	ghaus Rd.
)	MILTON	BLADES (AS	T FIRST	WIDDLE	SCHAEFER
7	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	NE WAR OR DATES)	SECURITY NO 17 INFORMANT 1-5085 FREDERIC	ADDRESS K W. ANDERSON	SAME
	NO NO DATE OF OPERATION	19b. CONDITION FOR W	SEQUENCE OF  SEQUENCE OF  G TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
	an course musical Discussion of a	216. TIME OF INJURY	NE OBSTRUCTION  1 DAY YEAR 216 HOW INJURY OCC	JRRED (ENTER NATURE OF INJURY IN ITE	YES NO
	OR CONTRIBUTING CAUSE OF DEPTH OF THE PROPERTY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK AT WORK	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased dilve d	pital) attended by deceased f	ram 7/3 , 19 80 19 80 , and that in (my) (aur) apinio	n death accurred on the date and	haur and fram the causes stated
	276. SIGNATURE	Siller	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	37 B/03/80
	DR. S. P.	GIRDHAR	GBMC	4 - 1	
	236 BURIAL, CREMATION, REMOVA (SPECIFY) Burial	8-6-80	Balto. Nat 1.	Balto. E	Balto. Md.
	24 FUNERAL DIRECTOR NAME H. W. Jenkins	& Sons Co.	1905 York Rd. 25.0 Balto., Md. Al	ATE RÉC'D. BY REGISTRAR 256. RE JG 5 1980	ESTRAR'S SYNCOUPE BY

DHMH-16 25M (VRA 15, 4) 1/79

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours aft with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

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	1.	FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	) <b>9</b>	4	77
		CEASED NAME FIRST OR PRINT)		MIDDLE	l	AST	2a DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
		EDW		J.		RSON		8 10	8.0	2º OLA
	3. SE.	MALE	4 RACE	TE	MONTH		6 AGE (IN YEARS LAST BIRT	MOM	INDER I YEAR	HOURS MIN
1	7a. B	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 10	D X NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF	DEATH	
35		aryland	U.S.	Α.	WIDOWE		BALTIM	ORE CO	YTAUC	M
S Stiffed		TOWSON	(IF NOT IN SUC	T . JOSE	EPH H	OR OTHER INSTITUTION	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Retired St	ON E WORKING (18E)	12b. KIND C	OF BUSINESS O
35	13a. S			13c. CITY OR TOW Towson	/N	YES NO X	13e STREET ADDRESS 16 TREEW	AY CT	. AF	T. 3C
130	14 FA	THER'S NAME FIRST  John	WIDDLE	Anderson	1	15 MOTHER'S MAIDEN NAME FIRST Sophia	WE	Wie	lepsk	i
1		VAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRE	SS		
			7 2	213-01-1	110	Mrs. Janic	e W. Anders	on 16	Treew	ay Cour
ony injury, or omer	CERTIFICATION	underlying couse lost PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION				NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YES, W	ERE FINDI	NGS USED
Shows	TIFIC	N A		N	A		YES NO	IN CERTIFYIN		NO [
or Item 18 st		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.	M. MONTH	AY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART	OR PART 2)	
0	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	AA PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC.)	21f LOCATION STREET	<b>№</b> A CITY OR TOV	/N	COUNTY	STATE
. 21 is mark		220.1 certify that (this has sow the dece of a live above, (1) (well aid) (did	on 8 • 6 • not) view the body	e deceased from_ 0 19_ after death.	, 01	nd that in (my) (our) apinion (	, to death occurred on the de	tus , 19.	nd from the	that (I) (we) los couses stated
NT: # #en		226. SIGNATURE	ali	llhou	un	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR   PHYSIC	FE IAN	22c. DATE	11.80
MPORTANT		22d PHYSICIAN'S NAME (TYPE Ali Khan	Mahmood,	M.D.		220 ADDRESS 1 Kinwall	Place			
<u>s</u>	23a. E	BURIAL, CREMATION, REMOV	236 DATE 8-13-	1980	Dular	emetery or crematory ney Valley	23d. LOCATION CITY OF TOWN COCKEYS	TITE	UNTY Ma	arylähd
76	24 FL	UNERAL DIRECTOR NAME  ICK TOWSON FUN	eral Home	Inc. To	<del>050 Y</del> o owson	ork Road 250 DAI	13 1980 RAR	251 EGILERA	Med	URE AND

ATTACH TO STREET THE PARTY OF THE PARTY. 214. TTHURS SHOWITUAN ATTREBUTE OF THE STATE OF THE S MARYELLS FOUSEN TO WARRENCE AND AN AN ARREST OF THE PARK CT. APT. 3C.

## STATE OF MARYLAND

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	1-	FOR STATE REGISTRAR			FICATE OF DEATH	YGIENE 8 0	NO.	9 4	18
		CEASED NAME FIRST OR PRINT)	AOM 1 V		PELL	2e DATE OF DEATH	8/2,	/80	25. HOUR 9:50Pm
	3. SE)	FEMALE	WHITE	S DATE O	of Birth	AGE IN YEARS LAST I	YRS	IF UNDER I YEAR	IF UNDER 74 HRS HOURS MIN.
	CC	RTHPLACE (STATE OR FOREIGN DUNTRY)	U.S.A.	MARRIE		BALLIMO	RE CO	UNTY	MD.
		TOWSON	GREATER	BALTIMORE	MEDICAL C	TR USUAL OCCUPA	T OF WORKING LIF		F BUSINESS OR
1	13a S	AL RESIDENCE (IF NURSING HOME STATE 136 CO	DUNTY 13c.	residence before admission) CITY OR TOWN Balto	YES NO 🔀	1255 Dear		d.	
C		THER'S NAME William	MDDLE Silve:		Carrie	MIDDLE	i	Meown (AS)	
		VAS DECEASED EVER IN U.S. (18 yes, 10 OR UNKNOWN) (18 yes, 1	GIVE WAR OR DATES)	8-34-1288	Margaret Asi	1255 D	eanwood		S. S.
		18 CAUSE OF DEATH LEnter PART I. DEATH WAS CAU IMMED		or (o), (b), and (c) (ESPIRATOR)	Y ARREST		-84	SETWEEN C 20	MINUTES
		Conditions, if any, which gave rise to immediate	1	MONTH					
		cause (a), stating the underlying cause last	DUE TO OR AS	URAL EFFU	SIONS FROM	CHF		1	MONTH
	TION	PART 2 OTHER SIGNIFICAN							
1	CERTIFICATION	190 DATE OF OPERATION	131	FOR WHICH OPERATIO		200 AUTOPSY?	IN CERTIF YE	S, WERE FINDIN YING CAUSES S	
1	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M.	MONTH DAY YEAR		URRED (ENTER NATURE OF IN	JURY IN ITEM 18, P	ART 1 OR PART 2)	
	MED	21d, INJURY OCCURRED  WHILE ON NOT WHILE OF AT WORK		CTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	city or 1	OWN	COUNTY	STATE
			on 8/2/ nat) view the body after		nd that in (my) (aur) Dpini	on death accurred an the	,	r and from the	
		William	v J. Oll	taxec	ATTENDING PHYSICIAN		TAFF SICIAN	22c DATE	SIGNED 2 80
		WILLIAM J	J. OKTAVE C		G.B.M.C.		CHARLE	S STRE	ET
	23a B	URIAL, CREMATION, REMOV			EMETERY OR CREMATOR	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	24 61	Burial UNERAL DIRECTOR	8-6-80	Holy Re		Balt			Md.
		onard J. Ruck	c, Inc.,5305	ADDRESS Harford Ro		AUG 5 1980	KEGIST	RAKS SIGNATI	Bready.
2	-					- ILACIO		1	

DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. Pawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ATTENDING PHYSICIAN: The law

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completely filled in by the funeral director 1 and 2 should be filed within 72 hours, aff TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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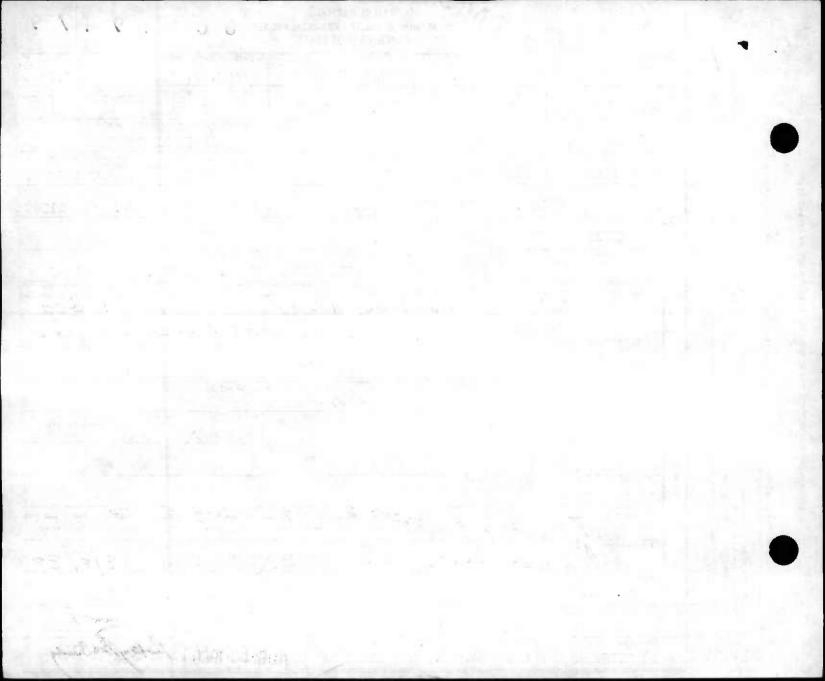
FOR - STATE

STATE OF MARYLAND OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIFI	CALE OF DE	AIR		REG. N	O				
1	I. DECEASED NAME	FIRST	,	MIDDLE	LA	ŠT		2e DATE OF DE	EATH	MONTH	DAY	YEAR	26 HOL	IR A.
1	(TYPE OR PRINT)	SAMUE	L	C.	AF	PLEFELI	)	AUG.	5,	1980	1 - 51		5:3	30 M
1	3 SEX		4 RACE		5 DATE OF			& AGE (IN YEARS	LAST BIR	THDAY)		ERIYEAR	IF UNDER	
١	MALE		WHI	ΓE	DEC.	25, 18	39'6'	8	39	YRS.	MONTHS	DAYS	HOURS	MIN
-	Je BIRTHPLACE (STATE	OR FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	8	, DEVER M.	DDIED [	9 BALTIMORE	CITY	R COUNT	Y OF D	EATH		
	MARYLAND		`	JSA	WIDOWE	PAX DIV	DRCED 🗌			MORE	COUN	VTY		MD.
	PIKESVIL			HOSPITAL, NURSIN HEACHITY GMESTREET VILLE NUR	NURSING HOME				CUPAT R MOST C UTI	F WORKING	LIFE] IN	DUSTRY	HING	
)	USUAL RESIDENCE (# 130 STATE MARYLAND	NURSING HOME OR 136 COUN BA	OTHER INSTITUTION, IY LTO.	PIKESVI	LLE	144	40 🗌	7 SLAD	DRESS E A	VE.,	APT.	. 408	8 #2:	1208
	14 FATHER'S NAME	IS ^	AIDDLE	APPLÉFELI		15 MOTHER'S	TTA		AIDDLE			WÖİ	ĹF	
	160 WAS DECEASED E	VER IN U.S. AR/	WAR OR DATES)	213-03-		17 INFORMAN 6711 V	T LeR VESTBRO	OY APPI OK RD.		∰ ALTO.	, ME	) 2	21215	5
	Conditions, if gove rise to couse (a), s underlying co	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO				Non	O THE TERMI	NAL DISEASE C	OR CON	DITION GI	IVEN IN	PART III	WATE INTER CONSET AND CONSET AND	10
3	OR CONTRIBUTING   IF EITHER, NOTIFY M 21d. INJURY OCC  WHILE AT WORK  22a. I certify tho  sow the dec	CAUSE OF DEA AEDICAL EXAMINER) CURRED OT WHILE IT WORK  If (I) (this hospit	21e PLACE (AT HOME, STE	M. MONTH DA M.  OF INJURY  REET, FACTORY, OFFICE, F.  deceased from	ARM, ETC.)	211 LOCATION STREET	1977	ED (ENTER NATUR	TY OR TO	RY IN ITEM 18.	co.	UNTY	that (I) 4	TATE
1	226. SIGNATURE	Man	uel (PRINT)	Lein	な。	22e ADDRESS	YSICIAN Z	MEDICAL DIRECTOR HEIGHT		CIAN		8/5 21215	7/8	30
	23a BURIAL, CREMATION bus	on, removal	AUG.7,			RIENDSH		BALTI	MOR	Е	COUNT	MAF	RYLAN	ATE VD
	24 FUNERAL DIRECTO		LEVINSON N RD.		, INC.			G 12 10	ISTRAR	25h. P.	Hy	160	Zung.	1

DHMH-16 25M (VRA 15, 4) 1/79

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	3 Y	(C) 6	
RYLAND 21201	within 24 hours after death. Fegg 4 may be	should be filed within 72 hours after down	examiner must be notified at order
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Fegre 4 miles retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director partshould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after during with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be not lind at order.

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TMENT	OF	HE	AL	TH	AND	MEN	1

TAL HYGIENE

1	FOR - STATE REGISTRAR	DEPARTM		H AND MENTAL HYG TE OF DEATH	IENE 8 0	10.	9 4	8 0
	ECEASED NAME FRST EOR PRINT) Betty		AUS 7 5 DATE OF BIR		20. DATE OF DEATH	MONTH DAY  F - 23-  RTHDAY) IF	YEAR  SO  UNDER 1 YEAR NTHS DAYS	2b. HOUR  IF UNDER 24 HRS HOURS MIN
1	MAryland	CITIZEN OF WHAT COUNTRY?  11: S.A.	MARRIED W	NEVER MARRIED   DNORCED	BAITIN	OR COUNTY O	F DEATH	ty MD.
10 0	RANdAllstowy	BALTIMOVE C	DRESS) Gey	Hespa,	120 USUAL OCCUPA (TYPE OF WORK FOR MOST HOLLS C	OF WORKING LIFE)	INDUSTRY	F BUSINESS OR
13e	JAL RESIDENCE (IF NURSING HOME OR OT STATE 131 COUNTY	13c. CITY OR TOWN	10 13d YES	NSIDE CITY LIMITS?	130. STREET ADDRESS	old.	Liber	ty Rd
	George /	n. 1.665		FIRST ,	MIDDLE	G	44/0	4
	WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN)   IF YES, GIVE W.		9216 K	Roger C.	Austin	54K	i old	MATE INTERVAL PRISET AND DEATH
z	PART 2 OTHER SIGNIFICANT CO	BY. Constallar	CE OF W	CVD  RELATED TO THE TERM	INAL DISEASE OR COI	NDITION GIVEN	10	YRS YRS
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION WA	S PERFORMED	20a AUTOPSY?		WERE FINDIN	
MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	YEAR 19 211	HOW INJURY OCCURR LOCATION STREET	ED (ENTER NATURE OF IN)		COUNTY	STATE
	220 I certify that (I) (this hospital sow the deceased alive on above 1) (we) (did) (did not) of the second source	yiew the body ofter death.	DEGR M.D	ATTENDING .	MEDICAL STA	AFF		
	BURIAL, CREMATION, REMOVAL (SPECELY)  DULY 1A UNIFICATION  UNIFICATION  UNIFICATION  OF THE PROPERTY OF THE PR	1 21 100 0	ame of cement evgreen s Mills	14.	23d. LOCATION CITY OR TOWN FINKS LO EREC'D. BY REGISTRAL	LING E	AWO!	STATE STATE

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### STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME FIRST MIDDLE 2ª DATE OF DEATH MONTH DAY YEAR 2b. HOUR LTYPE OR PRINT! Cecelia. A. Austin 25 80 3:10P M IF UNDER 24 HRS 5 DATE OF BIRTH IF UNDER I YEAR 1 SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) MONTH DAY YEAR Female White 7 06 74 YRS BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY DIVORCED TH Baltimore County Md. WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR IS CITY OR TOWN OF DEATH HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY GBMC 6701 N. Charles St. Beautician Beauty Salon Towson USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 133, COUNTY 134 CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 1705 Eastern Ave. Balto. Md. YES [] NO [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST Marcinski Felix Slowik Maryanne 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 212-26-9510A No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Cardiopulmonary Failure IMMEDIATE CAUSE (a).... DUE TO, OR AS A CONSEQUENCE OF Ureteral Obstruction other ( Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF ō underlying cause last Recurrent Carcinoma of the Colon PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 18n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? ts S NOX YES [ 8 218 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. ö 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION marked STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 8/25 22a | certify that (1) (this haspital) attended the deceased from 19 80 saw the deceased alive an. and that in (my) (our) apinion death accurred on the date and hour and from the causes stated obave (did) (did not) view the bady after death. 22b SIGNATED DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN A DIRECTOR PHYSICIAN MPORTANT: 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Dr. G. Richards 6701 N. Charles St. 21204 23a. BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE CITY OR TOWN COUNTY 8/25/80 Removal 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REDISTRAR'S SIGNATURE **DHMH-16 25M** ADDRESS Balto., Md. Anatomy Board (VRA 15, 4) 1/79

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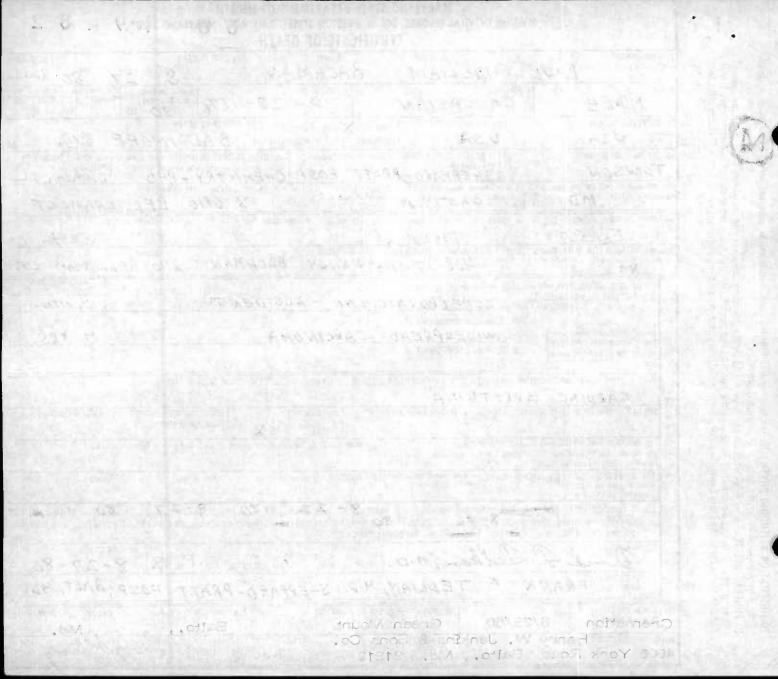
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MARYLAND STATE DEPARTMENT OF HEALTH



# ompletely filled in by the fundand 2 should be filed within 7 any injury, or other traumatic event, TO FUNERAL DIRECTOR: After this certificate has been signed by the attent should be detached for use as the burial-transit permit. Then please remove car with the State Dept. of Health and Mental Hygiene prior to burial, cremation, iMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other trai

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR XC	29 57	6 951	DEPART		IEALTH AND MENTAL HYC ICATE OF DEATH	GIENE 8 U	). D.	9 6	0	3
	CEASED NAME	FIRST		MIDDLE	ı	LAST	2R DATE OF DEATH	MONTH 0	YEAR	2b. HOU	R
11111		GEORGE	EDWARD	BACK			AUGUST 3.	1980		5:00	P M
3. SE	X	4	RACE		5 DATE C		6. AGE (IN YEARS LAST BIRT	HOAY)	IF UNDER 1 YEA		
	MALE		WHITE		09	18 1895 YEAR	84	YRS.	AONTHS DAYS	HOURS	MIM
	RTHPLACE (STATE OF F	OREIGN 7	CITIZEN OF	WHAT COUNTRY?	8	DXX NEVER MARRIED	9 BALTIMORE CITY O	RCOUNTY			
	IARYLAND		ī	J.S.A.	WIDOWE		BALTIMORE	COUNT	Y		MD
	ORT HOWARI			H FACILITY, GIVE STREET	ADDRESS)	D. MARYLAND	12a USUAL OCCUPATE ITYPE OF WORK FOR MOST OF Baltimore	F WORKING LIFE	INDUSTR	of BUSINE ectri	
USU	AL RESIDENCE IN NUR	ING HOME OR O	THER INSTITUTION	GIVE RESIDENCE BEFOR	RE AOMISSION)			Gas	& DT(	<u> </u>	
	RYLAND	BAT T	Y TMORE	Dundall		131. INSIDE CITY LIMITS?	13r. STREET ADDRESS	DOAD	2122	22	
-	THER'S NAME			Dundari	`	15 MOTHER'S MAIDEN NA		NOAU	212	- 4	_
	ADAM	MI	DOLE	BACK		ELIZABET	H		SCH	ASI AITT	
láa \	VAS DECEASED EVER			166 SOCIAL SECU	URITY NO.	17 INFORMANT	ADDRE	SS			
(	YES, NO OR UNKNOWN)	WW .		212 05	3951	CLINICAL RECO	ORD, VAMC, F	ORT H	OWARD.	MD	
	IL CAUSE OF DEAT			line for (a), (b), ar						XIMATE INTER	DEATH
	PART I. DEATH W		BY: CAUSE (o)	CARDIAC	ARRES	ST					
	4399			R AS A CONSEOU	ENCE OF						
	Conditions, if ony					IC CARDIOVASC	ULAR DISEASI	₹.	YEA	RS	
	gove rise to imi		DUE TO, O	R AS A CONSEOU	ENCE OF						
	underlying couse	lost	( (c)	LEFT CERE	BROVA	SCULAR ACCIDE	NT		7/2	20/80	
N	PART 2 OTHER SIGI	VIFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	EN IN PART	l(a)	
CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES	, WERE FIND	INGS USER	0
F	11						YES NOTY		YING CAUSI S 🗍	ES OF DEAT	
ERT	21a. ACCIDENT WAS UN	OERLYING	21b. TIME C	F INJURY		21c HOW INJURY OCCUR	486				
	OR CONTRIBUTING			M. MONTH D M.	AY YEAR						
MEDICAL	214. INJURY OCCUR		21R PLACE	OF INJURY		211 LOCATION					
¥	WHILE NOT W	HILE D	(AT HOME, STI	REET, FACTORY, OFFICE,	FARM, ETC )	STREET	CITY OR TOW	N	COUNTY	ST	TATE
	22a I certify thotXD	(this hospita	il) ottended th	e deceosed from:	00	23 , 19 80	toAUGUST		19_80	, that 🌃 (v	.,
	saw the deceos aboveXX(we) (	ed olive on _	view the body	after death.		nd that in XX (our) opinion	death occurred on the do	te and hour			sted
	22b. SIGNATURE	, ,	/	- 1	_	DEGREE ATTENDING	MEDICAL _ STAF	ie.		E SIGNED	
	100-	on 17	me.	7. /	-0	PHYSICIAN [	DIRECTOR   PHYSIC	IAN 🗌	8/	4/80	
	224. PHYSICIAN'S N		C	,		22R. ADDRESS					
	TAI-SAN					VAMC, FORT I		LAND			
	BURIAL, CREMATION,	REMOVAL	23b. DATE	23 ε.	NAME OF C	EMETERY OR CREMATORY	236. LOCATION CITY OR TOWN		COUNTY	STA	ATE

DHMH-16 25M (VRA 15, 4) 1/79

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ADDRESS

Duda-Ruck Funeral Home of Dundalk,

Most Holy Redeemer Baltimore, Maryland

256 DATE RECT. BY REGISTRAR 25B. REGISTRAR'S SIGNATURE

ALIC 5 1000 8/6/80 Burial 24 FUNERAL DIRECTOR

Inc. AUG 5 1980

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	ALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death the hospital or attending physician.
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should be detached for use as the burial-transit permit. Then please remove ca with the State Dept. of Health and Mental Hygiene prior to burial, cremation.

DHMH-16 25M (VRA 15, 4) 1/79

MPORTANT: 1f Item 21 is marked or Item 18 shows a

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH REG. NO.

		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
		CEASED NAME ORPRINT) Susa	in E		alley- B		AŠT	20 DATE OF DEATH August	12.198		26 HOUR
	3. SE)	(	14	RACE		5 DATE C		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS.
Ì		Female		Whit	e	Apri	1 5,189 7	83	YRS.	MTHS OAYS	HOURS MIN.
2	LCC	RTHPLACE (STATE OR FO DUNTRY) rginia	DREIGN 7	U.S.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	Baltimore city of Baltimor	R COUNTY O		MD
9		TY OR TOWN OF DEA	TH 1	LIE NOT IN SUC	OSPITAL, NURSIN HEACILITY, GIVE STREET LYNCH RO	G HOME C	OR OTHER INSTITUTION	12e USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOME Make	ON F WORKING LIFE)		OF BUSINESS OR
1	130 S	AL RESIDENCE (IF NURS TATE TYland	136 COUNT Balt			ADMISSION)	13d INSIDE CITY LIMITS? YES NO 3	3206 Lyn	ch Roa	ad 21	.219
2	JO.	THER'S NAME hn	MI	DDLE	Thoma	ıs	Alice	WE	5	Smitĥ	ST
1		VAS DECEASED EVER (ES, NO OR UNKNOWN)	IN U.S. ARM (IF YES, GIVE V		166 SOCIAL SECU 214-74-		Ernest C.	Talley Ba	18 Lyr	nch R	oad
		Conditions, if ony, gave rise to imm cause (a), stating underlying cause	nediate g the	(b)	Corela RAS A CONSEQUE	NCE OF	extriosa	erosis		20	sugs.
	CERTIFICATION	PART 2 OTHER SIGN					NOT RELATED TO THE TERM	INAL DISEASE OR CON	206. IF YES, V	WERE FINDI	NGS USED
	TIFIC							YES NO	YES	_	NO [
	MEDICAL CE	216 ACCIDENT WAS UND OR CONTRIBUTING C (# EITHER, NOT#Y MEDICA	AUSE OF DEATI	21b. TIME O HOUR A.	M MONTH DA	YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	IV IN ITEM TS, PART	IT OR PART 2)	
	MED	214 INJURY OCCURR WHILE NOT WH AT WORK AT WOR	HILE	21e PLACE ( (AT HOME, STR	OF INJURY SEET, FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
		220.1 certify that (1) saw the decease	d olive on_	16	me. 3195		nd that in (my) (our) opinion	deoth occurred on the de	ote and hour a	and from the	
		27h SIGNATURE	-/-	WA	rdsn			MEDICAL STAI	F IAN 🗆	8 C	SIGNED 80
		THE PHYSICIAN'S NA		200000	MD		22e ADDRESS		2-1-		
		Roger (	J. W1	nasor,	MD.		2802 N. Po	int Road,	Balto	)., M	aryland

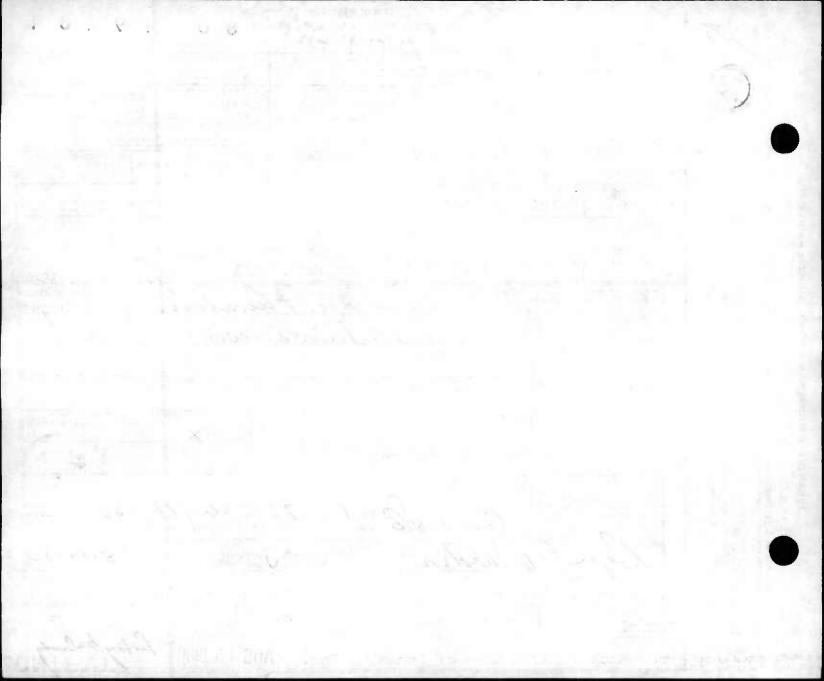
PUNERAL DIRECTOR
Duda-Ruck Funeral Home of Dundalk, Inc.

23b. DATE 8/16/80

230 BURIAL, CREMATION, REMOVAL BULLA

Oak Lawn Cemetery Baltimore, Maryland

Dundalk, Inc. AUG 15 198



	1-	rt 2 G FOR STATE REGISTRAR	5548 10/		STATE EPARTMENT OF HI DICAL EXAMINE	EALTH		6.4	REG. NO	9	4	8	5
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w	3 SEX	le.	4. RACE White	5. DATE OF BIRTH MONTH DAY July 17	YEAR LAST BIRTHDAY	S IF UNE	ER 1 YR. IF UNDER 2	4 HRS. 2c. DATE PRONOUNDEAD	CED	момтн	28	YEAR 19 80	24 HOUR 5:45
ENERGY STATES	To BI	RTHPLACE (S REIGN COUNTRY)  rylane	TATE OR	76. CITIZEN OF WH	AT COUNTRY?	_	D NEVER MARRIEI	DA	Balti	_	TY OF D	EATH	MD.
RECORDS 201 W	10. CI	arkton	OF DEATH	11. NAME OF HOSE (IF NOT IN SUCH FAC 1201 S	PITAL, NURSING HOME, ( ILITY, GIVE STREET ADDRESS) tablersville	e Roa		Farmer	ATION (TYPE	OF WORK	12b KIN QR	DOF BUSTR	SINESS
35	13a. S		113b. COUN	or other institution, GIV ITY timore	13c. CITY OR TOWN Parkton	1)	3d. INSIDE CITY LIMITS? YES NO 🔀	Stable	rsvi	lle	Roa	đ	
30	14. FA	THER'S NAME		MIDDLE A	Baker		15. MOTHER'S MAIDEN Mary	NAME MI	DDLE 3		Br	ast OWn	
1	{Y	VAS DECEASE ES, NO. OR UNKNO NO	D EVER IN U.S. AR	MED FORCES? WAR OR DATES)	219-36-02		Tinformant Edna Lee,	20431 Y Parkto	ork f	Road	211	20	1
N.			DEATH (Enter on EATH WAS CAUSE	D BY: TE CALISE (a) Blu	for (a), (b), and (c).) nt injury to						BETW	PROXIMATE VEEN ONSET	INTERVAL AND DEATH
REMOVAL.	7		ins, if any, which	DUE TO, OR	AS A CONSEQUENCE OF	F			L J				
Z &			) stating the under-		AS A CONSEQUENCE OF								
IAL CREMATION, C	NO	PART 2 OTNER SI	IGNIFICANT CONDITIONS		UT NOT RELATED TO THE TERMIN				se	-			
9	CERTIFICATION	19a. DATE OF	FOPERATION	19b. CONDIT	ION FOR WHICH OPERA	TION WA	S PERFORMED?				110	UTOPSY?	NO 🗆
3		21a. EXTERNA UNDERLYING	AL CAUSE WAS  OR  ING CAUSE OF	216. TIME OF HOUR XXX	MONTH DAY YEAR.  8 28 19 80		w MJURY OCCURRED edestrian s					k	
6	MEDICAL	21d. INJURY	OCCURRED	21e. PLACE C	OF INJURY (AT HOME, ORY, FARM, ETC.)	21f. LOC							re, M
4 ( 2120 P			ify that I took charg	ge of the remains descriptions descriptions are given by the second seco	ribed abave, held on	Autops			, one	d in my o			
H, WITH		ACTUAL SIGNATURE	Virgin	ia Loda	Accident LAI, SUIC	ide [_],	TITLE (SPECIFY)			DATE	ED	8/29	/80
TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALLIMORE, MARYLANE		EXAMINER'S (TYPE OR PRI	NAME VI	rginia L.	Dolan, M.D.		DDRESS		Penn				
BAL	23a.B	urial Crema Buria	TION,REMOVAL		23t. NAME OF CEMI			23d. LOCATION CITY OF TOWN	on B	cou alt	7	Md.	ATE
7 (5))		UNERAL DIREC	Tant	ADDRESS	Freedom.		256.SE	8. BY 1980 A	R 25tr 05.0	7	TOU.	フ	

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STATE OF MARYLAND

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A F LONARIS F. OLDOWNELL - PROTECT FOR ED. 11204

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attending the injury, or other troumotic event, the

should be detached for use as the burial-transit permit. Then please remave carbonpoper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, th

death certificate be

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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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DEC NO					

TODECEASED NAME  [IPPE OR PRINT]  3] SEX    A RACE   S. DATE OF BIRTH   DAY   YEAR   28. HOUR   A								
PETER WILLIAM BANKY, SR. 08 11 80 11:45 M  3. SEX  4. RACE  5. DATE OF BIRTH MONTH DAY YEAR O6 15 02  78 YEAR O6 15 02  78 YEAR OF UNITED OF UNITE								
S. DATE OF BIRTH   DAY   VEAR   ORD   OR								
MALE WHITE 06 15 02 78 YRS  76. BIRTHPLACE (STATE OR FOREIGN ONLY) NEW YORK U.S.A. WIDOWED DIVORCED BALTIMORE COUNTY MD.  10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCHFACILITY, CHE STREET ADDRESS)  CATONSVILLE HOUSE IN THE PINES N.H.  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF RESIDENCE REFORE ADMISSION) 136. STATE 136. COUNTY 136. CITY OR TOWN MARYLAND BALTIMORE ARBUTUS  136. CITY OR TOWN MARYLAND BALTIMORE ARBUTUS  137. MOTHER'S MAIDEN NAME FIRST PETER W. BANKY CATHERINE SCHITZ  14. FATHER'S NAME FIRST MIDDLE LAST PETER W. BANKY CATHERINE SCHITZ  168. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, NO OR UNKNOWN) (IF YES, ONE WAR OR DATES)  108-05-2611 HAZEL BANKY 1024 HOWLAND SQUARE  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
To BIRTHPLACE (STATE OR FOREIGN ON BOUNTY)   TO COUNTY)   TO COUNTY OF DEATH								
NEW YORK  U.S.A. WIDOWED DIVORCED BALTIMORE COUNTY  MD. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  CATONSVILLE  HOUSE IN THE PINES N.H.  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. STREET ADDRESS  MARYLAND  BALTIMORE  ARBUTUS  YES NOTHER'S MAIDEN NAME FIRST  MIDDLE  LAST  PETER  W. BANKY  CATHERINE  15. MOTHER'S MAIDEN NAME FIRST  MIDDLE  LAST  PETER  W. BANKY  CATHERINE  SCHITZ  1668 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, GIVE WAR OR DATES)  NO  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).)  MARYLAND SQUARE  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).)  MARYLAND  DUE TO, OR AS A COMMUNICOEF  DUE TO, OR AS A COMMUNICOEF  DIVIDIGH WAS DECEASED EVER IN U.S. CAUSE (a)  MD.  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIRE) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIRE) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIRE) 121. INDUSTRY  BENDIX CORP.  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIRE) 121. INDUSTRY  BENDIX CORP.  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIRE) 121. INDUSTRY  BENDIX CORP.  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIRE) 121. INDUSTRY  BENDIX CORP.  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIRE) 121. INDUSTRY  BENDIX CORP.  121. INDUSTRY  BENDIX CORP.  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIRE) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIRE) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIRE) 121. INDUSTRY 122. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FOR MOST OF WORKING LIRE) 121. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF								
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136. STATE   136. COUNTY   136. CITY OR TOWN   136. INSIDE CITY LIMITS?   136. STREET ADDRESS   1024 HOWLAND SQUARE   14. FATHER'S NAME   FIRST   MIDDLE   LAST   FIRST   MIDDLE   LAST   FIRST   MIDDLE   LAST   SCHITZ   15. MOTHER'S MAIDEN NAME   FIRST   MIDDLE   SCHITZ   160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN)   (IF YES, GIVE WAR OR DATES)   166 SOCIAL SECURITY NO   17. INFORMANT   ADDRESS   APPROXIMATE INTERVAL   BETWEEN ONSET AND DEATH   PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE ID:    18. CAUSE OF DEATH (Enter only one couse per line for IDI, (b) and IDI.   BETWEEN ONSET AND DEATH   BETWEEN ONSET AND D								
MARYLAND BALTIMORE ARBUTUS  14 FATHER'S NAME FIRST  PETER  W. BANKY  CATHERINE  SCHITZ  15 MOTHER'S MAIDEN NAME FIRST  CATHERINE  SCHITZ  16 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR JUNKNOWN)  NO  108-05-2611  HAZEL BANKY  1024 HOWLAND SQUARE  ADDRESS  APPROXIMATE MIESEVAL BETWEEN ONSET AND DEATH								
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18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).  PART I, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A COMMUNICOF  DUE TO, OR AS A COM								
PART I, DE ATH WAS CAUSED BY:  IMMEDIATE CAUSE 10:  43 9 2 DUE TO, OR AS A COMPOSITION OF A CONTROLLED COF								
4392 DUE TO, OR AS A CONSQUENCE OF A COLLEGE								
Conditions, if any, which (b)								
couse (a), stating the underlying couse lost DUE TO, OR AS A CONTEGRENCE OF								
(c) A) C) j ciel variore								
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 110								
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO 2  210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF JURY IN ITEM 18, PART 1 OR PART 2)								
YES NOW YES NO								
210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF JURY IN ITEM 18, PART 1 OR PART 2)								
214. INJURY OCCURRED 210 PLACE OF INJURY 211. LOCATION								
WHILE NOT WHILE AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)								
220.1 certify the 12this hospital) attended the deceased from 126, 197, to 197, to 1980, that (I) (e) ast								
sow the deceased alive an, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above (1) we) (did) (did not) view the bod offer death)								
THE SECRET 22c. DATE/SIGNED								
The state of the s								
TOPHYSICIAN'S NAME THE CHARLETT - 220. ADDRESS								
HERBERT J. LEVICKAS, M.D. 5404 EAST DRIVE; ARBUTUS, MARYLAND 21227								
236. BURIAL, CREMATION, REMOVAL 236 DATE 231. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN CITY OR TOWN								
REMOVAL/BURIAL 08-16-80 TRUXTON CEMETERY TRUXTON CORTLAND NEW YORK								
24 FUNERAL DIRECTOR  ADDRESS HIJBBARD FUNERAL HOME TNC. 4107 WILKENS AVE  AUG 14 1980								
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. AUG 14 1980								

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician. BP

TO FUNERAL DIRECTOR: After this certificate has been

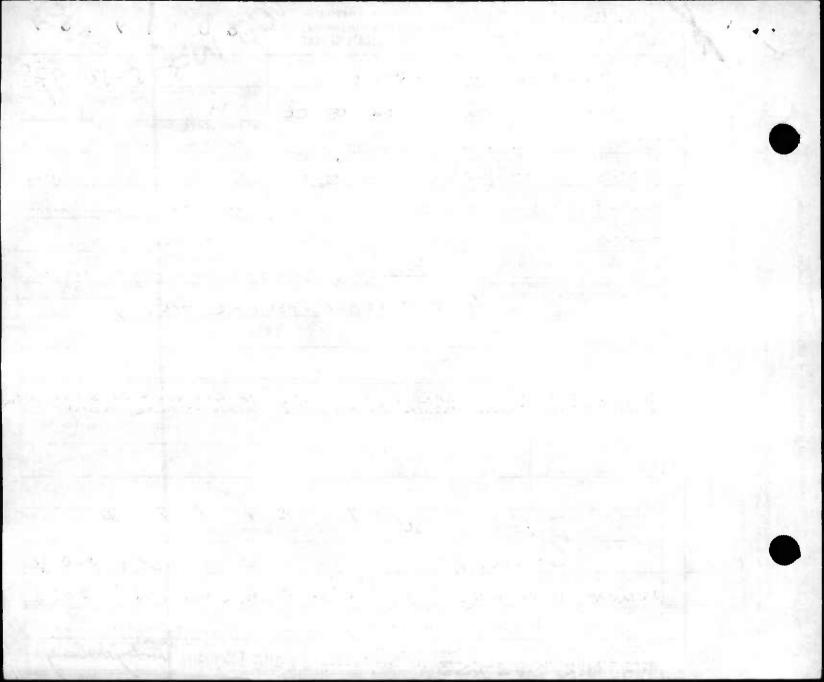
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DIVISION	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL C. ATTENDING PHYSICIAN retained by the hospital or attending physician.	TO HOSPITAL exit ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after distin. Page 4 retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this should be detached for use as the buria with the State Dept. of Health and Mer	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lilled in by the funeral director should be deteched for use as the burnel-transit permit. Then please remove carbon papers. Pages 1 and 2 should be that within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 21 is marked or	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examinar must be not like at once.
	The state of the s

6		FOR - STATE REGISTRAR		MENT OF F	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	REG. N		9	4 8 8
		CEASED NAME FIRST	MIDDLE		AST	2a. DATE OF DEATH	MONTH	DAY YE	
100		Catherin			ARCLAY	August	9	1980	
n after	3 SE	Female	White	5 DATE O	DAY YEAR	4. AGE (IN YEARS LAST BIF	YRS		DAYS HOURS MIN
135	C	IRTHPLACE ISTATE OR FOREIGN COUNTRY)	U.S.A.	MARRIE WIDOWI	D NEVER MARRIED	Baltimo Baltimo	_		
of the not		Towson	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Multi-Medica	T ADDRESS)		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST HOUSOWI	ION	126 KI	ND OF BUSINESS OR
on od blue	130	Md.	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 136. CITY OR TOV Balto	RE ADMISSION) VN	YES 🕅 NO 🗌		ches	ter E	Rd.
and 2 shr	14. F/	ATHER'S NAME FIRST  John	MDDLE Scheu	ı	is mother's maiden name first  Matilda	WE		Pfi	effer
Pages 1 an	16a \	WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) IF YES, GN	RMED FORCES? 166 SOCIAL SEC (E WAR OR DATES) 215 52		Robert T.	, Barclay	ESS	Bal	to. Md.
en system by the attention propers Then please remove carbon papers or to burial, cremation, or removal iny injury, or other traumatic ever	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF TO CONDITIONS CONTRIBUTING TO	JENCE OF	A A A SON RELATED TO THE TERM	E UW INAL DISEASE OR COM	NDITION G	5	PROXIMATE INTERVAL MEEN ONSE! AND DEATH  LTCO/OSE  PT/OSE  RT/OSE  RT/
Hygiene prior m 18 shows an	CERTIFICATION	198 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FI	INDINGS USED USES OF DEATH? NO
he burial-transit p and Mental Hygi arked or Item 18	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (# ETHER, NOTIFY MEDICAL EXAMINER 214. INJURY OCCURRED WHILE AT WORK AT WORK	ATH HOUR A.M. MONTH	19	211 LOCATION STREET	RED (ENTER NATURE OF IN)		COUNT	
hould be detached for use as the virth the State Dept. of Health MPORTANT: If Item 21 is many many many many many many many many			of fla	10.	DEGREE  ATTENDING PHYSICIAN	MEDICAL STA	er.		n the causes stated
should be with the S			O'Donnell M		7501 York		son,	Md.	
w s =	23a. (	Burial, Cremation, Removal	0 / 10		emetery or crematory tel Lutheran	23d LOCATION CITY OR TOWN 1 Balto.		COUNTY	Md.
MH-16 25M 15, 4) 1/79		UNERAL DIRECTOR 2121	ins & Sons Co			R. o. Je Jue 1380	25b. R	The same	Melkedy

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once.	3. SE	Femo		4 RACE	W	S. DATE C		AGE (IN YEARS LAST	YRS.	ONTHS DAYS HO	URS /
affied at	1 0	RITHPLACE (STATE OR F OUNTRY) Litimore, l	1100	U. S.	what country? $A$ .	MARRIE WIDOWE	D NEVER MARRIED	Balitme Balitme	or county		
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nu Jaurue	13a S	al residence (# NUR STATE Mary Land	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE TOWN ROckdal	RE ADMISSION) VN	134 INSIDE CITY LIMITS?	13a STREET ADDRES	ss	ı Avenue.	
0 <u>e</u> 3€		Hezekiah	~	MODIE	Mallon	ee	15 MOTHER'S MAIDEN NO FIRST Mary	Floa	rence	Akers	
the med		VAS DECEASED EVER YES, NO OR UNKNOWN) NO		WED FORCES?	214-40-		Mrs. Martha	Sykes	Bitle, A	1d. 21784	
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ntal Hygiene prior to burial, cremation, or remo Item 18 shows any injury, or other traumatic e	AL CERTIFICATION	PART I. DEATH V  Conditions, if any gove rise to im cause (a), storiunderlying cause  PART 2 OTHER SIG  OF COPERA  21e. ACCIDENT WAS UN  OR CONTRIBUTING	WAS CAUSED IMMEDIATI  , which mediate ng the lost  NIFICANT C  JULIAN C  DERLYING  CAUSE OF DEA'	DUE TO, O  DUE TO, O  ONDITIONS CO  196 COND  216 TIME CO  HOUR A.	R AS A CONSEQUENT ON TRIBUTING TO STANDARD IT INDUSTRIBUTION FOR WHICH	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	PONDITION GIVE	EN IN PART TO CONTROL OF THE PROPERTY OF THE P	USED
20 0	MEDICAL CERTIFICATION	PART I. DEATH V  Conditions, if any gove rise to im cause (a), static underlying cause  PART 2 OTHER SIG  PART 2 OTHER SIG  PART 2 OTHER SIG  116. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER, NOTHY MEDIX  216. INJURY OCCUR	VAS CAUSEE IMMEDIATI  , which mediate ng the lost  NIFICANT C  STORY  CAUSE OF DEA' ALL EXAMINER)  RED  THILE	DBY E CAUSE (a)  DUE TO, O  (c)  ONDITIONS (1)  196 COND  TH  216 TIME C  HOUR A.  P.  216 PLACE	R AS A CONSEQUENT ON TRIBUTING TO	DEATH BUT DEATH	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	200. IF YES IN CERTIFY YES	EN IN PART TO CONTROL OF THE PROPERTY OF THE P	USED
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ate Dept. of Health and Mental Hygin NT: If Item 21 is marked or Item 18		PART I. DEATH V  Conditions, if any gove rise to im cause (a), static underlying cause  PART 2 OTHER SIG  PART 2 OTHER SIG  190 DATE OF OPERA  210. ACCIDENT WAS UN OR CONTRIBUTING (FETTMER, NOT BY MEDK  2111. INJURY OCCUR  WHILE NOT WAT WAS UN OR CONTRIBUTING (FETTMER, NOT BY MEDK  2112. INJURY OCCUR  WHILE NOT WAT WAS UN OR CONTRIBUTING (FETTMER, NOT BY MEDK  2113. INJURY OCCUR  WHILE NOT WAT WAS UN OR CONTRIBUTING (FETTMER, NOT BY MEDK  2114. INJURY OCCUR  WHILE NOT WAT WAS UN OR CONTRIBUTING (FETTMER, NOT BY MEDK  2125. SIGNATURE	WAS CAUSEE IMMEDIATI  , which mediate ng the lost  NIFICANT C  CAUSE OF DEAT CALEXAMINER)  RED  MILE  (this hospit ed alive an did) (did not	DBY E CAUSE (a)  DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS CO  THE COND  196 COND  THE COND  216 TIME C  HOUR A. P. 216 PLACE (AT HOME, STI	R AS A CONSEQUENT OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, THE CONSEQUENCE OF THE CONTRIBUTION FOR WHICH	DEATH BUT DEATH	216 HOW INJURY OCCUP  211 LOCATION STREET  19  nd that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN	AINAL DISEASE OR CO	200. IF YES IN CERTIFY YES NUURY IN ITEM 18. PA	EN IN PART TO COUNTY  WERE FINDINGS  FING CAUSES OF IN INT 1 OR PART 2    COUNTY	USED DEATH
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	1-	FOR STATE REGISTRAR			DEPA	RTMENT OF H	EALTH AND ICATE OF I	MENTAL HYG	IENE 8	O REG. NO	).	9 4	9	0
		CEASED NAME OR PRINT)	CARL		MIDDLE		ART	SR.	2a. DATE OI	FDEATH A	8 ;	DAY YEAR	2b HC	
)	3. SEX	m			uc.	5 DATE C MONTH 08		YEAR	6 AGE (INY	9_	YRS	IF UNDER 1 YE	rs HOURS	
0)0	NE	RTHPLACE (STADUNTRY)	A	US		WIDOWE	D D	MARRIED [		re city of	10	of DEATH		
58		Towson		(IF NOT IN SUC	-	SEPH	,	TITUTION	120 USUAL (TYPE OF WORK	K FOR MOST OF	WORKING LI	FE) INDUST	OF BUSIN	
at SE	130 S MA	TATE ARYLANI	IF NURSING HOME O 13b COUI D BALT		13c. CITY OR TO ROSED	OWN	13d INSIDE (	ио 🛚		ADDRESS LANG	DALI	E RD.		
exoming 3		JACOB		MIDDLE	BAR			S MAIDEN NA/ FIRST LNNA	WE	MIDDLE			LAST	1
medicol		AS DECEASED ES, NO OR UNKNOW NO	EVER IN U.S. AF	E WAR OR DATES)	506166		17 INFORMATION VERON		ART 6	ADDRES	ss ANG I	DALE	RD.	
any injury, or a	CERTIFICATION		R SIGNIFICANT		ONTRIBUTING T				IN AL DISEAS		20b. IF YE:	/EN IN PART	DINGS US	ED
em 18 shows			AS UNDERLYING C	~ / / /	DE INJURY M. MONTH M.	DAY YEAR	21c HOW IN	JURY OCCURE	YES	NO TURE OF INJURY	YE	S 🗌	NO	
rked or li	MEDICAL	21d. INJURY O		21e PLACE			211 LOCATION STREET	ÖN		CITY OR TOW	V	COUNTY		STATE
Item 21 is mo		220.1 certify the	not He (this hosp receased alive ar (we) (did) (did no	8-	-2 19	80	d that in DEGREE	, 19 <u>80</u> (our) opinion (	, 10	d on the do	te and hou		he couses	state
IMPORTANT: If them 21 is mo		22d. PHYSICIAI	D D		ey		22e. ADDRES			STAFI PHYSICI	AN	8	12/	80
IMPOR	23a B	PECIFY)	HON, REMOVAL	23b. DATE		3c. NAME OF C	IO-B EMETERY GAL EDEEM		123d. LOCA		BAL	T M		0 STATE
6	24. FU	BURTA INERAL DIRECT		1 8/6/	80   ADDRESS		toe -		E REC'D. BY R	EGISTRAR 2	5b. REGIST	RAR SIG		Ivi

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	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be etained by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remarve carbanappers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval.	
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injury, or other troumotic event, the

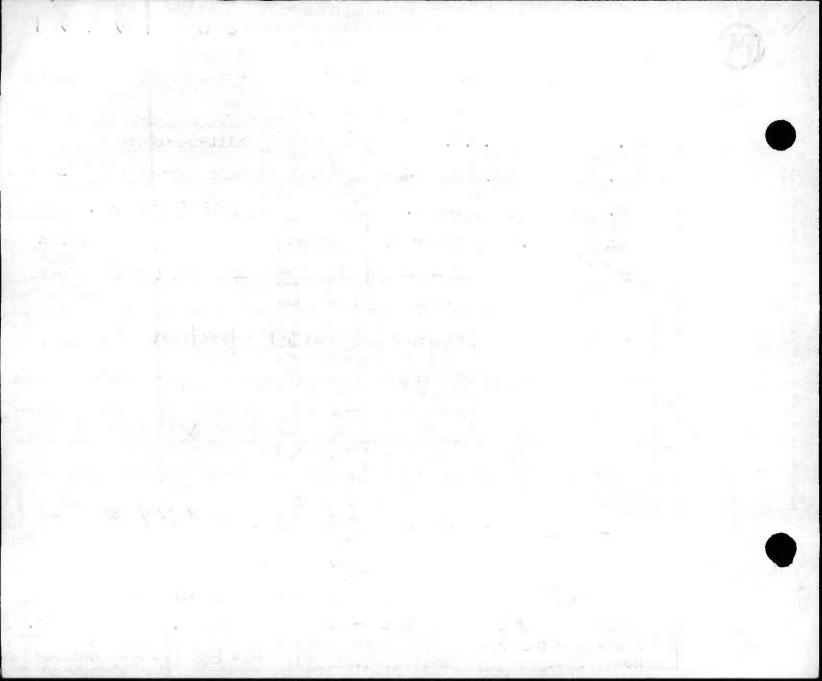
MPORTANT: If Hem 21 is marked or Hem 18 shows ony

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙎

	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.		
١		CEASED NAME	FIRST	,	WIDDLE	Ĺ	AST	2a. DATE OF DEATH MOI		26 HOUR
			JOHN	Ĭ	Α.	B	ATHGATE	August 14,		11:48a <sub>M</sub>
	3. SEX	(		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAY	
		Male			asian	Sept	10°1906°	73	YRS.	
1		RTHPLACE (STATE C	OR FOREIGN		WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR C		
>		Md.			S.A.	WIDOWE		Baltimore C		MD.
2		TY OR TOWN OF D	EATH	AF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION LITPE OF WORK FOR MOST OF WO Truck Driv		OF BUSINESS OR
4		alto.					Hospital	Truck Driv	er	
-	13a S	AL RESIDENCE (IF NO.	13h COUN	ITY	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
		Md.	ľ		Balto.		YES NO	3015 Ken	yon Ave.	
1	14 FA	THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		LAST
		John		E.	Bathga		Agnes		H e	essian
1		VAS DECEASED EVE		MED FORCES? E WAR OR DATES)	16b. SOCIAL SECU		17 INFORMANT	ADDRESS	( )	same
1		no			216-07-	-6946	Wilhelmina	a Bathgate		ddress
		18 CAUSE OF DE	ATH (Enter on	ly one couse per	line for (a), (b), and		Section 18 and 18		APPRI BETWEE	OXIMATE INTERVAL IN ONSET AND DEATH
I		PART I. DEATH		E CAUSE (a)	Cardio-	respi	ratory Arrest			
ı		410-	,	DUE TO, OI	R AS A CONSEQUE	NCE OF				
1		Conditions, if or		(b)	Massi	ve	Myocardial	interction	2	
1		gave rise to in cause (a), sta		DUE TO, OI	R AS A CONSEQUE	NCE OF	0	0		
		underlying cou	ise last.	(c)						
	_	PART 2. OTHER SI	GNIFICANT	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ON GIVEN IN PART	1(0)
4	CERTIFICATION									
,	ICA	19a DATE OF OPER	RATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		Ib. IF YES, WERE FINE I CERTIFYING CAUS	
	RTIF							YES NO	YES 🗌	NO 🗌
		OR CONTRIBUTING	_	216. TIME O HOUR A.	FINJURY M. MONTH DA	YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2	)
	CAL	(IF EITHER NOTIFY ME	EDICAL EXAMINER	) P.,		19				
1	MEDICAL	21d. INJURY OCCU		21e. PLACE (	OF INJURY REET, FACTORY, OFFICE, F.	ARM. ETC )	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
1	^	WHILE NOT AT V	WHILE D						,	
		220 I certify that	(1) (this hospit	tol) attended the	1 1 10 1		. 19	, 10	141.19.80	, that 🔑 (we) last
J	_	saw the dece	osed plive on (did)( <del>did no</del>	Sview the body	ofter degth.	, or	nd that in (my) (our) apinion (	death accurred on the date of	and hour and from the	he couses stated
		22b. SIGNATURE	W1 -	4 100	4 1		DEGREE			TE SIGNED
			100	200			M.D ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	10	
		22d. PHYSICIAN'S	NAME (TYPE O	R PRINT)			22e ADDRESS	1		
		D	r. Tun				145 Back	River Neck	Road	
	23a. B	URIAL, CREMATIO	N, REMOVAL	23b DATE			EMETERY OR CREMATORY	23d. LOCATION		
	(:	Buria	1	8/18/			on Park	Balto.	COUNTY	Md.
	24 FU	INESALPRICHOU	nek F	uneral	3,3,3,1	Brek	nms Lane 254 DAT	REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGN	ATURE
		Home.			Balta	O . Mo	1.21213 AU	G I 5 1980	frotrey M	Chrody
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be deteched for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed within 72 house free peath with the State Oppt, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.
1	31-12	- W S	_

STATE OF MARYLAND	0	0		0	A	0	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	Ö	U		1	-	7	5
CERTIFICATE OF DEATH		REG. NO.					
1167	ATE OF	DEATH HOL	ITM D		45.40	At	0

	1 05		FIRST		DDLE		AST	R	HTHOM HTA	20.00	440.00	I at the same
		CEASED NAME ORPRINE)		MIL		L	LAST	24 DATE OF DEA	ATH MONIH	DAY	YEAR	2b. HOUR
			Thomas		E.	Вег	avers		08	21	80	9:30 A
	3 SEX	x	4.	RACE		5 DATE C		6. AGE (IN YEARS L	AST BIRTHDAY)	# UNI	DER I YEAR	IF UNDER 24 H
	M	<i>lale</i>		White		MONTH	7 14 21		59 YE		5 5213	THOUSE MAIN
-		RTHPLACE (STATE O	OR FOREIGN 7h	CITIZEN OF W	HAT COUNTRY?	AAA PD IE	DXX NEVER MARRIED	9 BALTIMORE	_			
+1	Was	hington,	D.C.	U.S.A.		WIDOWE		Balti	more C	ount	y	
	10 CI	ITY OR TOWN OF	DEATH 11		DSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCC			b. KIND (	OF BUSINESS
00	D	undalk			ganview		9		pairm		Beth	
41 11	USU/	AL RESIDENCE (IFP	FURSING HOME OF OT	THER INSTITUTION, G		ADMISSION)	134 INSIDE CITY LIMITS?	13. STREET ADD	2.			
35		MD	Balto		Dundalk		YES NO A		oganvi	ew Di	rive	
	14 FA	ATHER'S NAME		DOLE			15. MOTHER'S MAIDEN NA	ME				
230	R	odnev	MID	DOLE	Beaver	Q	Anna	MI	DOLE	C	1174	enfen
	14n V	VAS DECEASED EV	ER IN U.S. ARME		SOCIAL SECUR		17 INFORMANT	,	ADDRES535	OA T	1000	nview
	l,	YES, NO OR UNKNOWN)	J IF YES, GIVE W	AR OR DATES)	220-01-19	07	Mary T. Be	eavers	Balto			
		LIL CAUSE OF DE	ATM (Enter only	one coure nec li	ne far (a), (b), and	161	TRALY 1. DO	averb	201.00	110		ONSET AND DEA
		PART I. DEATH	WAS CAUSED	BY			the brain with	h motasta	eie	1		508/2
		Conditions, if a gave rise to cause (a), stunderlying ca	immediate ating the	DUE TO, OR	AS A CONSEQUE							
	NO	gave rise to cause (a), st underlying ca	iny, which immediate ating the use lost.	DUE TO, OR  (b)  DUE TO, OR  (c)	AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR	CONDITION	GIVEN IN	N PART )	
2	ICATION	gave rise to cause (a), st underlying ca	inny, which immediate ating the use lost.	DUE TO, OR  (b)  DUE TO, OR  (c)  INDITIONS CON	AS A CONSEQUEN	NCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR	? 20b. IF	YES, WE	RE FINDI	
2	RTIFICATION	gave rise to cause (a), st underlying ca PART 2 OTHER S	eny, which immediate ating the use lost. IGNIFICANT CO	DUE TO, OR  (b)  DUE TO, OR  (c)  NOTIONS CON	AS A CONSEQUE!	NCE OF	N WAS PERFORMED	20a AUTOPSY YES NO	? 20h. IF	YES, WEI	RE FINDI	NGS USED
2	L CERTIFICATION	gave rise to couse (a), bunderlying couper (b) PART 2 OTHER S	eny, which immediate ating the use lost.  IGNIFICANT CO	DUE TO, OR  (b)  DUE TO, OR  (c)  INDITIONS CON  196 CONDITI	AS A CONSEQUENTRIBUTING TO D	NCE OF		20a AUTOPSY YES NO	? 20h. IF	YES, WEI	RE FINDI	NGS USED S OF DEATH?
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29	MEDICAL CERTIFICATION	gave rise to cause (a), a underlying co PART 2 OTHER S  19a DATE OF OPE  21a ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY M)  21d, INJURY OCC	INTY, which immediate ating the use lost.  IGNIFICANT CO  RATION  UNDERLYING   CAUSE OF DEATH EDICAL EXAMINER)	DUE TO, OR  (b)  DUE TO, OR  (c)  NDITIONS CON  196 CONDITI  216 TIME OF HOUR A M P.M 216 PLACE O	AS A CONSEQUENTRIBUTING TO D  ON FOR WHICH O	EATH BUT  DPERATIO  Y YEAR  19	N WAS PERFORMED	20a AUTOPSY YES NO RED (ENTER NATURE O	? 20h. IF	F YES, WEI ERTIFYING YES 1	RE FINDI	NGS USED S OF DEATH?
29	-	gave rise to cause (a), a underlying cause (a) a underlying cause (b) and a underlying cause (b) and a underlying cause (b) and a underlying (b) and a underlying (b) and a underlying (c) and a under	INTY, which immediate ating the use lost.  IGNIFICANT CO  RATION  UNDERLYING	DUE TO, OR  (b)  DUE TO, OR.  (c)  NDITIONS CON  196 CONDITI  216 TIME OF HOUR A M P.M  216 PLACE O (AT HOME, STREE	AS A CONSEQUENTRIBUTING TO D  ON FOR WHICH O  INJURY  MONTH DA  FINJURY  IT, FACTORY, OFFICE, FA	DPERATIO  Y YEAR  19  URM, ETC.)	2); HOW INJURY OCCUR	20a AUTOPSY YES NO RED (ENTER NATURE O	20b. IF IN CE	F YES, WEI RTIFYING YES 18, PART 1 C	RE FINDI CAUSE: DR PART 2)	NGS USED S OF DEATH? NO
29	-	gave rise to cause (a), is underlying compared to the cause of the cau	INTY, which immediate ating the use lost.  IGNIFICANT CO  RATION  UNDERLYING CAUSE OF DEATH EDICAL EXAMINER)  URRED  T WHILE COUNTY OF THE COU	DUE TO, OR  (b)  DUE TO, OR  (c)  INDITIONS CON  196 CONDITI  216 TIME OF HOUR A.M. P.M.  21e PLACE O (AT HOME, STREE	AS A CONSEQUENTRIBUTING TO D  KON FOR WHICH (  INJURY  MONTH DA  FINJURY  T, FACTORY, OFFICE, FA  deceased from  1/80 198	EATH BUT  DPERATIO  Y YEAR  19  URM. ETC.)	2)( HOW INJURY OCCUR	200 AUTOPSY YES NO RED (ENTER NATURE O	2 206. IF IN CE	F YES, WEI ERTIFYING YES [] \(\frac{18}{2}\)	RE FINDIG CAUSE: DR PART 2) DUNTY	NGS USED S OF DEATH? NO STATE
29	-	gave rise to cause (a), is underlying compared to the cause of the cau	INTY, which immediate ating the use lost.  IGNIFICANT CO  RATION  UNDERLYING	DUE TO, OR  (b)  DUE TO, OR  (c)  INDITIONS CON  196 CONDITI  216 TIME OF HOUR A.M. P.M.  21e PLACE O (AT HOME, STREE	AS A CONSEQUENTRIBUTING TO D  KON FOR WHICH (  INJURY  MONTH DA  FINJURY  T, FACTORY, OFFICE, FA  deceased from  1/80 198	EATH BUT  DPERATIO  Y YEAR  19  MRM. ETC.)  05/1	2)c HOW INJURY OCCUR 2)f LOCATION STREET  25/80 19 80 and that in (my) Our apinion DEGREE  ATTENDING	20a AUTOPSY YES NO RED (ENTER NATURE OF CITY  ON TO NO NATURE OF CITY  MEDICAL	2 206. IF IN CE DE INJURY IN ITEM OR TOWN  121/80  the date and	FYES, WEIERTIFYING YES 18, PART I C	RE FINDIG CAUSE: DR PART 2) DUNTY  From the	NGS USED S OF DEATH? NO   STATE  that (I)  c causes stated
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29	-	gave rise to cause (a), in underlying cause (b), in underlying cause (cause) and cau	INTY, which immediate ating the use lost.  IGNIFICANT CO  RATION  UNDERLYING CAUSE OF DEATH EDICAL EXAMINER)  URRED  T WHILE COUNTY WORK  (I) (his hospital cosed alive on	DUE TO, OR  (b)  DUE TO, OR.  (c)  NDITIONS CON  196 CONDITI  216 TIME OF HOUR A M P.M  216 PLACE O (AT HOME, STREE	AS A CONSEQUENTRIBUTING TO D  KON FOR WHICH (  INJURY  MONTH DA  FINJURY  T, FACTORY, OFFICE, FA  deceased from  1/80 198	EATH BUT  DPERATIO  Y YEAR  19  MRM. ETC.)  05/1	2) CHOW INJURY OCCUR 2) LOCATION STREET 25/80 19 80 and that in (my) our apinion DEGREE ATTENDING PHYSICIAN	20a AUTOPSY YES NO RED (ENTER NATURE (  CITY  , to 08  death occurred an  MEDICAL DIRECTOR P	2 206. IF IN CE DE INJURY IN ITEM OR TOWN  121/80  the date and STAFF HYSICIAN	YES, WEIERTIFYING YES   18, PART I C	RE FINDS CAUSE: DR PART 2) DUNTY  If rom the	NGS USED S OF DEATH? NO   STATE  that (I)  c causes stated
29	WEDICAL WEDICAL	gave rise to cause (a), in underlying cause (b), in underlying cause (cause) and cau	INV, which immediate ating the use lost.  IGNIFICANT CO  RATION  UNDERLYING	DUE TO, OR  (b)  DUE TO, OR.  (c)  NDITIONS CON  196 CONDITI  216 TIME OF HOUR A M P.M  216 PLACE O (AT HOME, STREE	AS A CONSEQUENTRIBUTING TO DE CONSEQUENT CONTROL OF CON	DPERATION  Y YEAR  19  WARM, ETC.)  OS/1	216 HOW INJURY OCCUR 216 LOCATION STREET 25/80 . 19 80 and that in (my) our apinian DPOREE ATTENDING PHYSICIAN [ 22e ADDRESS	20a AUTOPSY YES NO RED (ENTER NATURE (  CITY  , to 08  death occurred an  MEDICAL DIRECTOR P	2 20b. IF IN CE OF INJURY IN ITEM OR TOWN  721/80  the date and  STAFF HYSICIAN   e1, MD	YES, WEIERTIFYING YES   18, PART I C	DR PART 2) DUNTY  STORY OF THE PART 2)  DUNTY  STORY OF THE PART 2)	NGS USED S OF DEATH? NO   STATE  that (I)  c causes stated

CV. V. Verming and the Country and th 7025-2-007 E. Jone Youngto

TO HOSPITAL CONTINUES PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be reformed by the hospital or ottending physician.  TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral direct page 3 should be detacted for use of the burnoil-transit permit. Then please remove corbompopers. Pages I and 2 should be filled within 72 hours after the professer amove corbompopers. Pages I and 2 should be filled within 72 hours after the page. IMPORTANT: If them 21 is marked or item 18 shows any injury, or other traumonts removal examiner must be notified by page.
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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8

	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYGI ICATE OF DEATH	IENE 8	REG. NO	).	9	4	9	4
1		CEASED NAME FIRST		MIDDLE	L	AST	2a DATE OF	DEATH A	нтиои	DAY	YEAR	2b HOL	JR .
		CARO	LINE		BE	EVER	AUGH	ST 30	0.19	80		4:2	20Pm
ı	3 SEX		4 RACE		5. DATE C		6 AGE (IN YEA	RS LAST BIRTH		# UNDER	DAYS	IF UNDER	24 HRS
		Female	Whit	e	Marc	h 31, 1887	93		YRS				
	Za. BII	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIEI	NEVER MARRIED	9 BALTIMOR	E CITY OF	COUNTY	OF DE	ATH		
	-	ryland	U.S.		WIDOWE		BALTI						MD
2		LTIMORE		H FACILITY, GIVE STREET	ADDRESS)	PITAL	12e USUAL C (TYPE OF WORK HOME		WORKING LIF		KIND O USTRY	F BUSIN	ESS OR
1	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 CON ATYLAND		GIVE RESIDENCE BEFOR 13c. CITY OR TOV Baltime	VN	13d. INSIDE CITY LIMITS? YES NO	13. STREET A	.ddress Sherw	ood R	d			
	14. FA	THER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ΛE	MIDDLE		10	LAST	,	
		?		troemer		Marie				eiss			
	16a W	VAS DECEASED EVER IN U.S. AI (ES NO OR UNKNOWN) (IF YES, GR	RMED FORCES?	166 SOCIAL SECT		17 INFORMANT		ADDRES	55				
		No		220-46-	7319	Mrs Marie	J Galla	atin			ime		
1		II CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per							85	APPROXU	MATE INTE	PEATH
			TE CAUSE (o)	CARD	IOGEN	IC SHOCK							
		Conditions, if any, which	DUE TO, O	ACUTE 1		RDIAL INFAR	CTTON						
	Ш	gove rise to immediate couse (a), stating the	(b)_	R AS A CONSEQU		IIDIAD INTAIL	CITON			+			
		underlying couse lost.	(6)	R AS A CONSEQU	ENCE OF								
	_	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE	OR COND	ITION GIV	EN IN P	ART 1(a	1	
	10												
)	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	PSY?	206 IF YES				
	ERT	210. ACCIDENT WAS UNDERLYING	7 21b. TIME C	of INTILIDY		21c HOW INJURY OCCURR		ио 💢		S 🗍		NO [	
	. 1	OR CONTRIBUTING CAUSE OF DE		M. MONTH D	AY YEAR	216 HOW INJURY OCCUR	ED (ENTERNAL	THE OF INJURY	FIN HEM 18, P	ARTIORP	ART 2)		
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	21e PLACE	M. OF IN HURY	19	211 LOCATION							
	ME	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE,		STREET		CITY OR TOWN	н	COUR	ATA	S1	TATE
		22a I certify that XI (this hosp sow the deceased alive or	itol) ottended th	deceosed from	Augus	t 18, 1980 ad that in (mg) (our) opinion d	eoth occurred	Pon the do	te ond hou	19 80	om the	that H	we) lost oted
		obove, (tr(we) (did) (didy) 22b. SIGNATURE	^			DEGREE						SIGNED	
		L.	der	ult n	0	ATTENDING PHYSICIAN	MEDICAL DIRECTOR [	STAF	F IAN 🔯		08/	30/8	30
		224 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS							
		L F AWALT				ST.JOSEPH	HOSP	LATI					
		BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d. LOCA CITY OR	TOWN		COUNTY		ST	ATE
	l .		8/3/	80 1	Parku	500	D = 7	timor	0 2/2	2017 7 7	5 cc		

BP.

DHMH-16 20M (VRA 15, 4) 7/7B

Burial 0/3/60 Parkwood

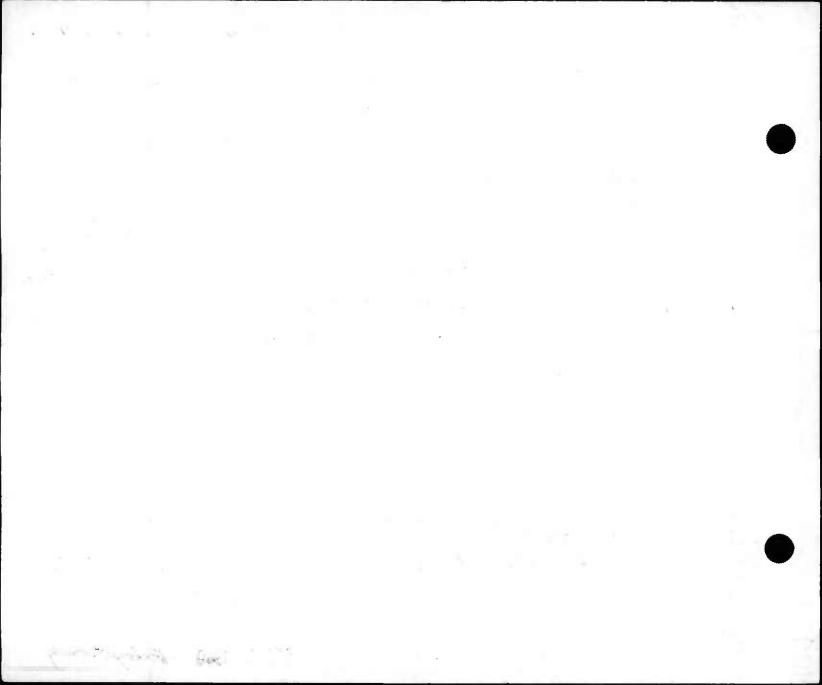
14 FUNERAL DIRECTOR

NAME Leonard J Ruck Inc. Baltimore, Maryland

Baltimore, Maryland

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

SEP 2 1980



## TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fune should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene priar to burial, crematian, ar remaval.

natified at ance

IMPORTANT: If them 21 is marked ar them 18 shaws ony injury, ar ather traumatic event, the medical exam

retained by the haspital or attending physician.

BP. DHMH - 16 25M (VR A 15 (4) ) 9/74

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0

1.	FOR STATE REGISTRAR			EALTH AND MENTAL HY	GIENE 8 0 ,	194	9 5
	CEASED NAME FIRST	MIDD	LE (	AST	20. DATE OF DEATH MONT	TH DAY YEAR	26 HOUR
(TYPE	E OR PRINT)	izabeth Ma	ary !	<b>B</b> ell	08	24 80	8:15/h
3. SE		4 RACE	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 24 HRS
F	emale	White	02	17 1895	85	YRS. DAYS	HOURS MIN.
7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY? 8.		9 BALTIMORE CITY OR CO		
	Marvland	USA	WIDOWE	D NEVER MARRIED C	Baltimor	e County	MD.
	ITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING HOME		120. USUAL OCCUPATION	12b. KIND O	OF BUSINESS OR
T	owson		CHITY, GIVE STREET ADDRESS)  Medical Ce:	nter	Repair Sil		ings Jew
USU	AL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISSION)				
			ocity or town  Overlea	13d. INSIDE CITY LIMITS?	7 Belinda	Avenue	
_	ATHER'S NAME	L OZIMOZ C T	OVCILCA	15. MOTHER'S MAIDEN N.	AME		
	Frederic	MIDDLE	Walters .	Margar	MIDDLE	Dan	dolf
16n \	WAS DECEASED EVER IN U.S		SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	Ruc	1011
(	YES, NO OR UNKNOWN) (IF YES	CRIE WAR OR DATES	14-03-4867	Wm. J. Mc	Graw 7 Be	linda Ave	enue
							MATE INTERVAL ONSET AND DEATH
	18 CAUSE OF DEATH (Ent. PART I. DEATH WAS CA		3 4 6 100 f	in n.	1 1	7	SI Charles
	1/200 IMME	DIATE CAUSE (0)	Umnat	, va jour	Li VI Chan		cough
	7370		A CONSEQUENCE OF	6: 1		S da	4
	Conditions, if any, which		Wrobe	excenc a	Lan	1000	any
	couse (a), stating the underlying cause las		S A CONSEQUENCE OF	funds.	one	1 h	mitte
	PART 2. OTHER SIGNIFICA	NT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT PRI ATED TO THE TER	MINAL DISEASE OR CONDITION	ON GIVEN IN PART 10	(n)
z	PART 2. OTHER SIGNIFICA	INT CONDITIONS <u>CON</u>	TRIBOTING TO DEATH	NOT RECEIVED TO THE TER	MINAL DISEASE ON CO. TO.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
CERTIFICATION	190. DATE OF OPERATION	196. CONDITIO	ON FOR WHICH OPERATIO	N WAS PERFORMED		b. IF YES, WERE FINDI	
IFIC					YES IN NOT	CERTIFYING CAUSES	NO
ERT	210. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF II	NJURY	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN I		
	OR CONTRIBUTING CAUSE	OF DEATH HOUR A.M.	MONTH DAY YEAR				
WEDICAL	(IF EITHER, NOT IFY MEDICAL EXAM	AINER) P.M. 21e. PLACE OF	INTERPT	211. LOCATION			
MEI		LAT HOME STORET	, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
8	AT WORK AT WORK	<u> </u>	9	10	0/10	£ 10 86	1 1 1 1 1 1 1 1
	220.1 certify that (1) (this saw the deceased aliv	e on 211	C 19 8 C	nd that in (my) (pur) apinion	n death occurred on the date of		that (I) (we) last couses stated
	obove, (I) (we) disk) (d	id not) view the body aft	er death.	DEGREE			SIGNED
	II Cer.	Chest	1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN		
1	THE PHYSICIAN'S NAME (	TYPE OR PRINT)		22e. ADDRESS	DIRECTOR   PHISICIAL		
	HANS	1 41	ETTER	7600	OSLER	BRIVE	
230.	BURIAL, CREMATION, REMO			EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE
	Burial	8/27/8	30 Garden	ns of Faith		Baltimore	
24 F	UNERAL DIRECTOR		ADDRESS	25a. DA	ATE REC'D. BY REGISTRAR 25b.	REGISTRAR'S SIGNAT	TURE
L	assahn Fune	ral Home		ir Road A	IG 2 7 1980 /	Tistry Mel	ready

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		FOR STATE REGISTRAR		TMENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO		496
		CRASED NAME PRINTI	Y M	BENE	2002	A. DAIL OI DEATH	NUG 5 1	980 10:30%
nce.	3 SE)	PEMALE "	CAUCASION	5 DATE	H DAY YEAR	6. AGE (IN YEARS LAST BIRTH	YRS.	R I YEAR IF UNDER 24 HRS DAYS HOURS MIN
Clied at o	CC	RTHPLACE (STATE OR FOREIGN 76 MUNTRY)  LLimore Md.	CITIZEN OF WHAT COUNTRY	MARRIE WIDOW	D NEVER MARRIED DIVORCED	BAUT MUL		ATH ME
O O be not			1. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GNE STREE)		OR OTHER INSTITUTION	12R USUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE) INDI	KIND OF BUSINESS OR USTRY
Siner m	USU/ 13e. S	RESIDENCE (IF NURSING HOME OR O'	THER INSTITUTION, GIVE RESIDENCE BEFORE	ME ADMISSION	134 INSIDE CITY LIMITS?	13r. STREET ADDRESS	TERSUN +	Are
230		Charles	DDLE LAST Walte	p	15. MOTHER'S MAIDEN NAM FIRST Catherine	WIDDLE		last P <b>iss</b>
event, the me		(AS DECEASED EVER IN U.S. ARMI ES, NO OR UNKNOWN) (IF YES, GIVE W			Mrs. Elizabet	Baltim89% th De Clark,	5010 Grin	214 ndon Avenue APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
η injury, or other traumatic	NO	Conditions, IF ony, which gove rise to immediate couse io: stating the underlying couse last.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEO    b)	UENCE OF	NOT RELATED TO THE TERM	inal disease or cond	ITION GIVEN IN P	ART 1(o)
3 shows ar	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		FINDINGS USED AUSES OF DEATH?
or Item 18	MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	IN ITEM 18, PART 1 OR F	PART 2)
marked	MED	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21s PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC )	211 LOCATION STREET	CITY OR TOW	N COU	NTY STATE
Item 21 is	1	22a   certify that (I) (this hospital saw the deceased alive an above (I) [10] (did) (did not)		XO.	nd that in (my) toon opinion of	death occurred on the do	terand hour and fr	, 11.01 (1) (
FANT: If	-	22d. PHYSICIAN'S NAME (TYPE OR P.	RINT)		ATTENDING PHYSICIAN 228 ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	F _	Motro
IMPORTANT	03	ARAHVE M	LESSEN 1	40	3640 FOR	DI WE	Bon	) uu(
	23a. B	URIAL, CREMATION, REMOVAL PECIFY)  BUTIAL			n Cemetery	Woodlawn,	Baltimon	re, Marylan
25M ) 1/79	24 FL	NERAL DIRECTOR NATION IN BY			A. Alla	REC'D. BY REGISTRAR 1	Sb. REGISTRAR'S S	Sections 1

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injury, or other troumotic event, the

IMPORTANT: If Item 21 is marked or Item 18 shaws any

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DEPARTME

	9	4	9	7	
-	DAY	YEAR	Zh HOI	IR	

1.	FOR - STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYC	0	G. NO.	9	4	9	7
	CEASED NAME FIRST Esthel	r Irene		BENNER	Augus	t 20, I		YEAR	2b. HOU 2:5	Opm M
3. SE	X	4. RACE	5. DATE C		6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER	1 YEAR	IF UNDER	
	Female	White	3	14 1915		65 YR		DAYS	HOURS	MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY)  aryland	76 CITIZEN OF WHAT COUNTRY  U.S.A.	? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore Ci			ATH		MD.
10 C	OSSVILLE	11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STREE  Franklin So	ET ADDRESS)	PROTHER INSTITUTION Hospital	120 USUAL OCCU		GLIFE) INDL	STRY	Aid	ESS OR
USU 13a.	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🔀	13e. STREET ADDR 8036 N	ESS	ndary	Rd		VIV.)
	ATHER'S NAME Clyde	E. Hose	e	15. MOTHER'S MAIDEN NA FIRST Clara	MIDI	DIE E	49	Swa	ırtz	
	WAS DECEASED EVER IN U.S. AF			17. INFORMANT	A	DDRESS272	27 So	uth	bro	okRo
,	no	214-09	-3727	Ellen I. C	olvin :	Balto.	. Md.	212	222	RC.
NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO  (b) Cerebra.  DUE TO, OR AS A CONSEO	UENCE OF L Vasci UENCE OF SIVE AJ	atory Arrest  alar Accident  rteriosclerot  NOT RELATED TO THE TERA	ic cardio	-vascu				
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CER	YES, WERE RTIFYING C. YES [			TH?
MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	P.M.	DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE O	F INJURY IN ITEM	18 PART I OR P	ART 2)		
MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		21f LOCATION STREET	CITY	ORTOWN	COU	NTY	S	STATE
	220 I certify that (I) (this hosp sow the deceased alive ar abaveXI) (we) (did) (dXIX	ital) attended the deceased from August 20 19 of view the body after death.	May 6	nd that in (mX)(our) opinian	deoth occurred on t				ha🌠) (v ouses sta	
	276. SIGNATURE	lle,		DEGREE ATTENDING PHYSICIAN	MEDICAL X DIRECTOR   PH	STAFF HYSICIAN []	220		16NED 20/80	)
	Jose Ardaiz.	/		9000 Frankli	n Square	Dr., B	alto	. Md	212	237
230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 23c	Oak L	EMETERY OR CREMATORY  AWN	23d. LOCATION CITY OR TOV		Balti	moi	re N	ITATE
24 F	UNERAL DIRECTOR Duda-	-Ruck Inc. ADDRESS Dundalk, Md	. 212	I II	JG 25 198		The second second	-	ready	,

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

LILLER OF SPICE OF THE MANAGEMENT

Salvey Later

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	Page 4 m
	er death.
201	ours aft
ORE, MARYLAND 21201	be executed within 24 hours after death. Page 4 may be
MARY	cuted wi
IMORE	e be exe

completely filled in by the funeral director, page 3 1 and 2 should be filed within 72 hours after death

please remove car burial, cremation,

prior

sh

marked or Item 18

MPORTANT: If Item

ched for use as the burial-transit perm Oept. of Health and Mental Hygiene

DIRECTOR

TO FUNERAL should be detac

**DHMH-16 25M** 

(VRA 15, 4) 1/79

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TAL HYCHINE

DEC NO	8 0	1	9	ci	9	8
REG. NO.	REG. NO.					

- STATE REGISTRAR	DEI ARTH	CERTIFICATE OF DEATH	REG. N	10.			•
. DECEASED NAME FIRST	WIDDLE	LAST	2a. DATE OF DEATH	MONTH D	AY YEAR	2h HOU	JR
FREDERI	CK A. BE.	NNETT	AUG	22,	1980		м
3. SEX	4 RACE	5. DATE OF BIRTH	4. AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER 1 YEAR	IF UNDER	24 HRS
M.	W	MONTH DAY YEAR	63	YRS.	AONTHS DAYS	HOURS	WIN
To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	1 / 1	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
COUNTRY) N. F.	USA	MARRIED PREVER MARRIED WIDOWED DIVORCED	BALT	D. CO	UNTY	-	MD.
10. CITY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION	12a USUAL OCCUPA		12h. KIND O	F BUSIN	ESS OR
EASTPOINT	522 FAIRVIE		(TYPE OF WORK FOR MOST	OF WORKING LIFE		EE	4
USUAL RESIDENCE IN NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE		13. STREET ADDRESS				

	MD	SACTE	EASTERINT	YES NO 12	5 22 FAIRVIE	:WAVE
	ATHER'S NAME FIRST	BENNET	<del></del>	15. MOTHER'S MAIDEN NAI FIRST MARY	DUEY	LAST
	WAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES?  (IF YES, GIVE WAR OR DATES)  W W II	220 05 1045	17 INFORMANT ORALES	ADDRESS BENNET	
	1629	DUE TO, C	Ro.	siratory Ja Corcinomo	ilure	BETWEEN ONSET AND DE
		nediate	or as a fonseovence of		orly differentiate	1 18 mo.
N	PART 2 OTHER SIGN	NIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INA DISEASE OR CONDITION GIV	EN IN PART 1(o1

CERTIFICATION 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

22s.1 certify that (the (this hospital) attended the deceased from and that in (my) (pur) opinion death occurred on the date and hour and from the causes stated

DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

THE PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

230. BURIAL, CREMATION, REMOVAL 23b. DATE

23c NAME OF CEMETERY OR CREMATORY MEADOW RIDGE

23d. LOCATION BAL

20a AUTOPSY?

NO

STATE

NO [

24 FUNERAL DIRECTOR

190 DATE OF OPERATION

FOR

CONNELLY

ADDRESS

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

250. DATE REC'D, BY REGISTRAR 256. BEGISTRAR'S SYNAPURE AUG 2 1980 Profesy Melberry

20h. IF YES, WERE FINDINGS USED

YES [

COUNTY

IN CERTIFYING CAUSES OF DEATH?

8 + 1 + 1 U & story = 10 min to 10 m 11 LAND COMMENT RESULT THE THE SANS CHALLE BEAUCET DOME the bright of the County of the same of th

2 2 0	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dashing physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral principle should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be then within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TTENDING PHYSICIAN: The law requal or attending physician.  TOR: After this certificate has been sign use as the burial-transit permit. Then physiene prior to be fleath and Mental Hygiene prior to be 21 is marked or Item 18 shows any inji
ires that the death certificate be exected by the attending physician and corlesse remove carbon papers. Pages 1 aurial, cremation, or removal.  Livy, or other traumatic event, the med	

BP.

DHMH-16 25M (VRA 15, 4) 1/79

1		XEO.O.XIII	526 926		CERTIF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	-	9	9	9
	1 DEC	CEASED NAME FIRST		BERTCH		AST	AUGUST 15		YEAR	7:50	P <sub>M</sub>
	3 SE)	MALE	4 RACE WHIT	3	S DATE C		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24	MIN
5	7e. BII	RTHPLACE (STATE OR FOREIGN DUNTRY)  MARYTAND	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIO	BALTIMORE CITY O				MD
3	1	TY OR TOWN OF DEATH FORT HOWARD	11. NAME OF I	MEDICAL	G HOME C ADDRESS) CENTE	OR OTHER INSTITUTION	128 USUAL OCCUPATE	ON	12h. KIND C	eTTes	S OR
1	130 S	AL RESIDENCE IF NURSING HOME OF STATE NO COUR	OTHER INSTITUTION	BALTIMO	N	13d. INSIDE CITY LIMITS? YES XX NO (		E STREE	FT		
0	14. FA	THER'S NAME FIRST HENRY	MIDDLE	BERTE	4	IS MOTHER'S MAIDEN NAM	C/3 MIDDLE		BROG	ck/	
1		VAS DECEASED EVER IN U.S. AR (IF YES, GIV YES) (IF YES, GIV	MED FORCES? E WAR OR DATES) W II	214 03	3098	CLINICAL REC	CORDS, VAMC		HOWAR	D, MD	
	TION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT (	DUE TO, O  DUE TO, O  DUE TO, O  DUE TO, O  (c)	RASA CONSEQUE THEROSCIE ONTRIBUTING TO D	BSTRU EROTI	NOT RELATED TO THE TERM	LAR DISEASE		YE		
/	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	YES 🐔 NO	IN CERTIFY I	NG CAUSES	OF DEATH	?
	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22c. I certify that the (this hasp saw the deceased alive, as above, 15 (we) (did) the reserved.  22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE C	HOUR A. P. 21e PLACE (AT HOME, STI (101) ottended the private of the body  Wide (102) PRINTS	M. MONTH DAM.  OF INJURY  OFFICE, FACTORY, OFFICE, F	19 ARM, ETC)	DEGREE  ATTENDING PHYSICIAN	city or tow , to	15 19 sofe and hour o	ond from the	SIGNED /16/8	e) lost
	23a B	DAVID CHEN, I		23c N	AME OF C	V. A. MEDIC	23d LOCATION		OWARD,	MD 2	1052
	24 FL	DURIAL UNERAL DIRECTOR HARTES L. STEVENS,	F199 Funcaril	10 SI	5. STA 501 E.	F - 10 1 511		THP,	US SIPPLE	Bready	

L. STEVENS FUNERAL HOWE, This 1501 E. FORT PRO

STATE OF MARYLAND

A SECURITION OF THE PARTY OF TH			
District atouth years and in			ALLEY BOY
Transport of the rest of the	A. M. P. SEL		

6500 York Road

- STATE

(TYPE OR PRINT)

REGISTRAR

24 FUNERAL DIRECTOR

MITCHELL-WIEDEFELD HOME

**DHMH-16 20M** (VRA 15, 4) 7/7B I. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

26 HOUR

HOURS

LAST

APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH

NO [

STATE

STATE

COUNTY

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

22C-PATE SIGNED

IF UNDER LYEAR MONTHS DAYS

2a DATE OF DEATH

VEL 4-16"

× ex ex

5

n and completely filled in by the Pages 1 and 2 should be filed with

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician

moy be

		1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	0	G. NO.	9	5	0	2
+			CEASED NAME	FIRST		WIDDLE	L	AST	20. DATE OF DEAT	H MONTH D	AY YEA	R 2b.	HOUR	
À				Anna		Kaspar	F	BLAHA	August	28. 1980	)	1	10:4	5 M
- 10		3. SE		- CC-67	4. RACE	2,	5. DATE C		6 AGE (IN YEARS LA		ONTHS D		URS URS	HRS MIN.
6	1		Fema	le	Whit	te	Jun	e 23 1902	78	YRS.	OIVING D		UK3	per in di.
9 6		70. B	RTHPLACE (STATE	E OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CI	TY OR COUNTY	OF DEAT	н		
17.72	77	Austria			U.S	U.S.A.		DIVORCED	Baltimo	F AAT		MD.		
1 1		10 C	ITY OR TOWN OF	DEATH			IG HOME C	OR OTHER INSTITUTION	120. USUAL OCCU	PATION	12b. KIN	ID OF BI	SINES	
filed	57	Balto.				Franklin Squar		Hospital	Homemak	INDUSTRY				
corbonpopers. Pages 1 and 2 should be filed , or removal.	35	USU.	AL RESIDENCE (IF	13b COU		OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  13 (. CITY OR TOWN  Balto.		13d. Inside City Limits?	13e. STREET ADDRI	Hanfor	d Ro	d Rd.		
2 sh		14. FA	THER'S NAME		MIDDLE			15. MOTHER'S MAIDEN NA	ME					
Do O	30		Adalbert		MIDDLE	Kaspar		Lidia	MIDE	Žarka				
es I		16a V	WAS DECEASED EVER IN U.S. AR			166 SOCIAL SECU		17 INFORMANT	Al					
Pog	the med	(	YES, NO OR UNKNOWN	(# YES, GI	VE WAR OR DATES)	214-24-3017 Lydia Worth (dghtr) same add								
ol.			18 CAUSE OF D	EATH (Enter a	nly ane cause pe	ne cause per line far (a), (b), and (c).)							INTERVA	ATH
emotion			Conditions, if gave rise to cause (a), si underlying co	immediate	(b)_I	DR AS A CONSEOUE  Thd Stage  DR AS A CONSEOUE	Heari	t Arterioscle	rotic Car	diovascu	lar I	Dise	ase	2 P
buric	7.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
The or to		lo lo								WERE FINDINGS USED ING CAUSES OF DEATH?				
t permit. Then please tene prior to burial, cr	2	CERTIFICATION	19a DATE OF OPI	ERATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?  YES □ NO				?	
and Mental Hygiene	9		210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY)	CAUSE OF DE	ATH HOUR A	OF INJURY A.M. MONTH DAY YEAR P.M. 19					RT I OR PART	2)		
os the bu		MEDICAL	21d. INJURY OCCURRED  WHILE ONOT WHILE AT WORK OFFICE, FACTORY, OFFICE, FARM, ETC.)  21d. INJURY OCCURRED  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21d. INJURY OCCURRED  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21d. INJURY OCCURRED  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)										STA1	TE
for use of Heo			sow the dec	eased alive ar	ital) attended the August	t 28 19	Augus: 80 an	t. 14		st 28, 1 he date and haur			(we es state	
with the State Dept.			22b. SIGNATURE	J.B	ains fe			DEGREE ATTENDING PHYSICIAN [		STAFF YSICIAN	22c D	ATE SIG	SO	1
l be St			22d. PHYSICIAN'	S NAME (TYPE	OR PRI			22e ADDRESS						
with the			F	aul Be	faris M	.D.		9000 Fran	klin Squa	re Drive	212	237		

DHMH- 16 30M 2/80 (VRA 15, 4)

TO HOSPITAL OR ATTEN

"Stillhuffek Funera l Home, Inc.

23a BURIAL, CREMATION, REMOVAL

Bohemian National 3331 Brehms Balto. Md. Lane 21213

23d LOCATION CIBELLY

COUNTY

Md.

23b. DATE 9/2/80 Burial 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
SEP 2 1980

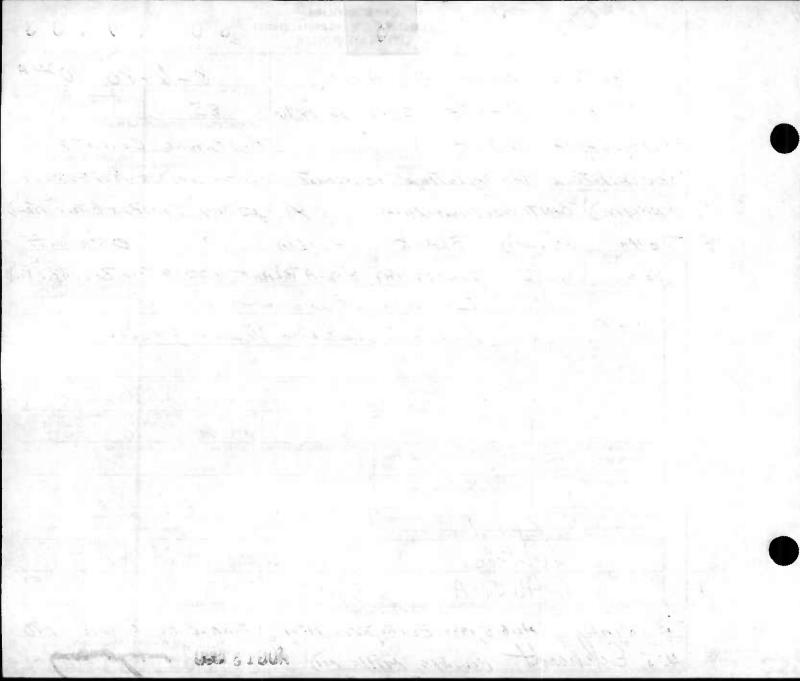
23c. NAME OF CEMETERY OR CREMATORY

S U . V : L U R P P P P

THE RESIDENCE OF THE PROPERTY OF THE PARTY O

		1 -	STATE REGISTRAR		DEPARTMENT O	FHEALTH AND MENTA ISSICATE OF DEATH	0	REG. NO.	9 :	5 0 3
v be		TYPE	EASED NAME FIRST DR PRINT) WALTER	HARRISC	n BL	ANK	20 DATE OF DE	8-6-	SO YEAR	10 20 A
Page 4 ma		3 SEX	MALE	1 RACE	E 56	E OF BIRTH DAY YES	96 8	13 YRS.	MONTHS CAYS	IF UNDER 24 HRS
death.	15	-5	RTHPLACE (STATE OR FOREIGN PUNTRY)	11.5		RIED NEVER MARRIE	DU	CITY OR COUNTY	CON A	TY MD
rs after of the function of th	0		Y OR TOWN OF DEATH	11. NAME OF HOSPIT		E OR OTHER INSTITUTIO	12n USUAL OC (TYPE OF WORK FO	CUPATION R MOST OF WORKING LIF	12h KIND C	OF BUSINESS OR
n 24 hours illed in by Id be filed iner must	25	USU/ 13n. S	RESIDENCE (IF NURSING HOME TATE	INTY 13c. CI	TY OR TOWN	134 INSIDE CITY LIM	7/	DRESS	BER 6	PERS CO
ed within eletely fil 2 should	20	14. FA	THER'S NAME	WIDDLE -	LAST	15. MOTHER'S MAID	EN NAME	AIDDLE	LAI	SI ST
be executed and complayer 1 and 1	7		AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN)   I IF YES, G	RMED FORCES? 166 SC	SLANK DCIAL SECURITY NO	OE CIL	1A	ADDRESS	08	v Dutt
cate ician irs. P ial. ent,			11 CAUSE OF DEATH (Enter	anly ane cause per line for	101, (b), and (c).)	ON EDNA	BLANK 1.	1	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
s that the death certification by the attending physics enouve carbon page (, cremation, or remov, or other traumatic ev.			PART I. DEATH WAS CAUS IMMEDIA  Conditions, if any, which gove rise to immediate cause lad, stating the underlying cause last	DUE TO, OR AS A	andi consequence o consequence o	slower	he Hear	+ Dise	ose	
law requires been signed b I. Then please rior to burial,		NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH B	Tate	E TERMINAL DISEASE OF	R-CONDITION GIV	VEN IN PART 16	Cease
The L	9	CERTIFICATION	19a DATE OF OPERATION		OR WHICH OPERA	TION WAS PERFORMED		IN CERTIF	S, WERE FINDS FYING CAUSES ES []	NGS USED S OF DEATH? NO [
YSICIA hysicia certifia al-trans intal Hr	9	ICAL CEI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.M. M	ONTH DAY YE	AR 9	OCCURRED (ENTER NATUR	OF INJURY IN ITEM 18, P	PART † OR PART 2)	
DING PH ttending p After this s the burie th and Me		MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21R PLACE OF INJU (AT HOME, STREET, FACT	JRY FORY, OFFICE, FARM, ETC.	211 LOCATION STREET	CI	TY OR TOWN	COUNTY	STATE
ATTENE bital or at ECTOR: for use as of Healt			22a. I certify that (I) (this has saw the deceased alive a above, (I) (we) (did) (did n		19	and that in (my) (aur) a	, ta pinian death occurred a	in the date and hav	19 0 ,	that (I) (we) last causes stated
by the hosp by the hosp ERAL DIR e detached State Dept.			22b SIGNATURE	i freg		DEGREE ATTEND PHYSIC	ING MEDICAL DIRECTOR	STAFF PHYSICIAN	27c. DATE	7.80
HOS ined FUN uldb	1		228. PHYSICIAN'S MAME	Alute 1	7	5400 B	4 COURT	r RD	RAM	DALLS TE
BP BP		23n B	URIAL, CREMATION, REMOVA			F CEMETERY OR CREMA	CITY OR TO	IWN	COUNTY	STATE
DHMH-16 25M	- 1	24 FL	NERAL DIRECTOR	11-	ADDRESS	GREEN ME	Sa. DATE REC'D. BY REG	SOUTG ISTRAR 25b. REGIST	CATALLIRAR'S SIGNAT	CURE PAO
(VRA 15, 4) 1/7	9	4.	1 Elepha	of wer	ints 1	ills mi)	MOGT 3 13	DN M	7	7

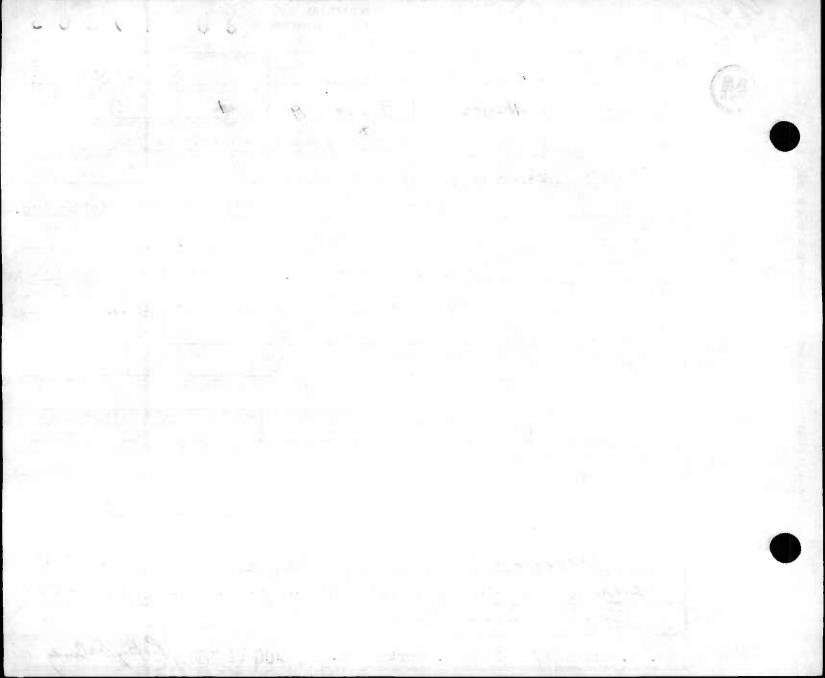
STATE OF MARYLAND



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	1.	FOR STATE REGISTRAR	DEPAI		EALTH AND MENTAL HY	GIENE 8 U	1 9 =	) Ų .
	I. DE	CEASED NAME FIRST	RICE G.	BO	XI)		NONTH DAY YEAR SC	26. HOUR 7.
WENT.	3. SE		1 RACE Nagro	5 DATE C		6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS	
35	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIEI WIDOWE	D NEVER MARRIED DIO DIO DIO DIO DIO DIO DIO DIO DIO DI	Baltimore CITY OF	COUNTY OF DEATH	
55		Baltimore	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR BAILIMBLE COLL	REET ADDRESS)	PROTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		OF BUSINES
35	13a :	MD Nation	or other institution, give residence be JNTY   13c CITY OR TO Baltin	NWC	13d. INSIDE CITY LIMITS?		erty Heio	hts 1
00	14. F/	THER'S NAME FIRST HOWARD	MIDDLE LAST Gross		IS. MOTHER'S MAIDEN NA FIRST Helen	MIDDLE R.		LAST
ス		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES]		17 INFORMANT Arthur L.	Boyd 5318		leiaht
	Z	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEC		NOT RELATED TO THE TER/	MINAL DISEASE OR COND	HTION GIVEN IN PART	1(a:
9	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	YES NO	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
9		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D {IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUP	RED (ENTER NATURE OF INJUR	(IN ITEM 18, PART 1 OR PART 2)	
	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.]	ZII LOCATION STREET	CITY OR TOW	n county	STAT
em 21 18		saw the deceased alive a abave, (1) (we) (did) (did r	pital) attended the deceased from in	, or	nd that in (my) (aur) apinian	, to death occurred an the da		
MPORTANT: If It		226. SIGNATURE	men		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F _ / O	12 5
		DIZLANGO	B. CONANI	en, M		RANDAUSZ	own hel.	211.
	23a. (	surial, cremation, remova Specify Burial	8/18/80 23b. DATE 27.		enham VA Ce			M]
5M 1/79		n. C. March	F/H 1101 E.	North	Ave. 25e. DA	TE REC'D. BY REGISTRAR I	Sh. RECOTRAR'S SIGN	ATURE

STATE OF MARYLAND



ATTENDING PHYSICIAN: The law requires that the death certificate

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, is should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event,

Page 4 may be

be executed within 24 hours

notified at once.

1	-	FOR STATE REGIST
I. D	EC	EASED

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL

HYGIENE	8

9	3	0	Ó

•	REGISTRAR				CERTIF	ICATE OF DE	ATH		REG. NO.					
I. DE	CEASED NAME	FIRST	,	MIDDLE	i	AŠT		20 DATE OF DE		TH D	AY YEAR	Zb. HOL	JR	
ITYP	Lore	na			Bren	nan			8	20	80	6:4	45 pm	
3 SE	X	- 4	RACE		5 DATE C			6 AGE IN YEARS	LAST BIRTHDAY		IF UNDER I YEAR	_		
	Female		Cau	c.	3		1888	92		YRS.	AONTHS DAYS	HOURS	MIN	
	IRTHPLACE (STATE OR F	OREIGN 7	CITIZEN OF	WHAT COUNTRY?	8	D NEVER MA	00KD []	9 BALTIMORE	CITY OR CO	YTAUC	OF DEATH			
	Penn.		U.S.	Δ	WIDOWE		RCED	Ral	to. Co	ount	17		MD.	
10 C	ITY OR TOWN OF DEA	ATH 1		HOSPITAL, NURSIN				120. USUAL OC	CUPATION	-110	12h KIND (	OF BUSIN		
			(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)			(TYPE OF WORK FOI	MOST OF WO	RKING LIFE	INDUSTRY			
	Ruxton			Care Rux				Homemak	er					
	AL RESIDENCE   IF NURS	13h. COUNT		, GIVE RESIDENCE BEFORE 13c. CITY OR TOW		134. INSIDE CITY		13e. STREET ADD	RESS					
	Md.	100		Ruxton		A	<b>○</b> □		Frai	akli	n Stre	et		
14 F.	ATHER'S NAME FIRST	м	IDDLE	LAST		15. MOTHER'S M			IDDLE		LA	ST		
	Hugh	Clemo	ons	Young		Sarah			J.					
	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT		2	APDRESS.	rook	shire	Rd.		
	YES, NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	212-01-6	152	irs. Joh	n McE		ilmin			21.00		
-	18 CAUSE OF DEAT	M (Enter only	one couse per	line for (a) (b) on	dieu		1	1 -	+			CHARTE INTE	PVAL	
	PART I. DEATH W	VAS CAUSED	BY.	m.	11 -1	molin	1/	uslais	4		27	601		
	11 -	IMMEDIATE	CAUSE (o)	- Ing	0 -0	CALCUGE		- your		_	~ /	VUS.		
	410-		DUE TO, O	R AS A CONSEQUI	ENCE OF			/						
	Conditions, if ony, which (b)													
	gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF													
	underlying cause last													
	PART 2 OTHER SIGI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT SELECT TO THE TERMINAL DISCUSS OF CONDITION OF THE TERMINAL DISCUSS												
z	TAKI 2 OTTEK SION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101												
CERTIFICATION		TION	110 60010	TION FOR LINES	COSTRATIO	ALLIAC DE DE COR	.50	Tan AUTORS	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED					
CA	190 DATE OF OPERA	TION	198 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORA	VED	200 AUTOPS			YING CAUSES			
TIE					YES NO YES NO									
Ü	210 ACCIDENT WAS UN	-	110.00	16. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  21c HOW INJURY OCCURE				RED (ENTER NATURE	OF INJURY IN	TEM 18, PA	ART 1 OR PART 2)	F-17	1	
	OR CONTRIBUTING				19									
MEDICAL	21d. INJURY OCCUR		P., 21e. PLACE		17	211 LOCATION						_	_	
ME				(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)			STREET CITY OR TOWN				COUNTY	5	TATE	
	AT WORK AT WORK													
		228.1 certify that (1) (this Toppital) attended the deceased from JUNE 1977, to JUNY 22 1980, that (1) (we) lost												
	sow the deceased alive on July 22 19 80, and that in (my) (pur) opinion death occurred on the date and hour and from the causes stated above. (Use and ) (Ididnot) view the body after death.													
									22c DATE	SIGNED	,			
	1//	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 8/2/180												
	1 111													
	224. PHYSICIANS N	AME ITYPE OR	PRINT	1		22e ADDRESS	- X	The state of	1					
	/CICH	AND	MA	FFFF77	2011	120.	0 10	OF XG						
23e.	BURIAL, CREMATION,	REMOVAL	236. BATE 2			EMETERY OR CRI	MATORY	23d. LOCATIO	N					
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TO HOSPITAL OR ATTER

DHMH-16 25M (VRA 15, 4) 1/79

74 FUNERAL DIRECTOR
NAME
Mitchell-Wiedefeld 6500 York Rd. 250. DATE REC'D. BY REGISTRAR 256 REGISTRA AUG 2 5 1980

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Ŀ	FOR - STATE REGISTRAR				FICATE OF DEATH	REG. NO			
	ECEASED NAME PE OR PRINT)	Alice	MIDDLE C.		IAST BROWN	20 DATE OF DEATH A August 24			7:00
3. SE		4 RACE		5 DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY] IF	UNDER I YEAR	IF UNDER 24 H
70 B	Female SIRTHPLACE ISTATE OR FOR		White	Mar	. 12, 1903	77  BALTIMORE CITY OF	YRS	E DEATH	
1	Maryland	78 (1112	USA	MARRIE	D NEVER MARRIED D	Baltimor			
	utherville	(FN	NOT IN SUCH FACILITY, GIVE	E STREET ADDRESS)	rsina Home	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Homemak	WORKING LIFE)	INDUSTRY	F BUSINESS
USU 130	JAL RESIDENCE (IF NURSIN		STITUTION, GIVE RESIDENC			13° 15'06ET ADDRESS	Iniver	sity P	kwy.
14 F	ATHER'S NAME FIRST Charles	MIDDLE Pea	arce	ST Coady	IS MOTHER'S MAIDEN NAME FIRST	ME MIDDLE		Ker	ily
	WAS DECEASED EVER IN 1YES, NO OR UNKNOWN)	U.S. ARMED FO (IF YES, GIVE WAR OR D	DATES)	SECURITY NO	Dr. Charle	ADDRES s C. Brow		owsor	, Md
	Conditions, if any, gave rise to imme couse (a), stating	S CAUSED BY:  MMEDIATE CAUS  DUI  which ediate the DUI	SE (a) SE (A) ON AS A CON	SEQUENCE OF	berotic Cardie	Vasculara	Disease		JNSET AND DE
ICATION	Conditions, if any, gave rise to imme couse to, stating underlying cause	SCAUSED BY: MMEDIATE CAUS  which ediate the last  FICANT CONDITI	IE TO, OR AS A CON  (b)  IE TO, OR AS A CON  (c)  IONS CONTRIBUTIN	SEQUENCE OF	NOT RELATED TO THE TERM	NASEULONO INAL DISEASE OR COND 200 AUTOPSY?	ITION GIVEN		NGS USED
AL CERTIFICATION	Conditions, if any, gave rise to imme couse to stating underlying cause  PART 2 OTHER SIGNI  19a DATE OF OPERATE  21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA	SCAUSED BY: MMEDIATE CAUS  which the diate the last  FICANT CONDITI  ON 196  RLYING 1 216.  HC	IE TO, OR AS A CON  (b)  IE TO, OR AS A CON  (c)  IONS CONTRIBUTION  CONDITION FOR V  TIME OF INJURY  OUR A.M. MONT	SEQUENCE OF  SEQUENCE OF  G TO DEATH BUT  WHICH OPERATION  H DAY YEAR		200 AUTOPSY? YES NO	200 IF YES, IN CERTIFY: YES	WERE FINDING CAUSES	NGS USED
MEDICAL CERTIFICATION	Conditions, if any, gave rise to imme cause (a), stating underlying cause  PART 2 OTHER SIGNI  19a DATE OF OPERATE  21a. ACCIDENT WAS UNDER	SCAUSED BY:  MMEDIATE CAUS  which  ediate the last  FICANT CONDITI  ON 196  RELYING 216  EXAMINER) 216  (AT	IE TO, OR AS A CON  (b)  IE TO, OR AS A CON  (c)  IONS CONTRIBUTION  CONDITION FOR V	SEQUENCE OF  SEQUENCE OF  G TO DEATH BUT  WHICH OPERATION  H DAY YEAR  19	ON WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, VIN CERTIFYE YES VIN ITEM 10, PAR	WERE FINDING CAUSES	NGS USED OF DEATH?
7	Conditions, if any, gave rise to imme couse to stating underlying cause  PART 2 OTHER SIGNI  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTHEY MEDICAL  21d. INJURY OCCURRE WHILE NOT WHILE AT WORK NOT WHILE Saw the deceased	MACDIATE CAUSE BY:  MMEDIATE CAUS  DUI  which the diast DUI  FICANT CONDITI  ON 19b  RIYING 21b  LUSE OF DEATH EXAMINER)  DUI  This hospital after dive an	IE (0) OR AS A CON  (b) IE TO, OR AS A CON  (c) IONS CONTRIBUTION  (CONDITION FOR V  IT TIME OF INJURY  OUR A.M. MONT  P.M.  PLACE OF INJURY  HOME, STREET, FACTORY, (1)	SEQUENCE OF  SEQUENCE OF  G TO DEATH BUT  WHICH OPERATION  H DAY YEAR  19  OFFICE, FARM, ETC.)	216 HOW INJURY OCCURR	200 AUTOPSY?  YES NO S  ED (ENTER NATURE OF INJURY)  CITY OR TOWN	20b. IF YES, VIN CERTIFYE YES	WERE FINDING CAUSES  TIOR PART 2)  COUNTY	NGS USED OF DEATH? NO STATE
7	Conditions, if any, gave rise to imme couse (a), stating underlying cause  PART 2 OTHER SIGNI  19a DATE OF OPERATE  21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (1F EITHER, NOTHEY MEDICAL  21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK  22a I certify that (I) (i) saw the deceased obave, (i) (man) this	SCAUSED BY:  MMEDIATE CAUS  DUI  which ediate the last  FICANT CONDITI  ON 19b  RIYING   21b HC  EXAMINER)  DUI  19b  19b  19b  19b  19b  19b  19b  19	IE (0) OR AS A CON  (b) OR AS A CON  (c) OR AS A CON  (d) OR AS A CON  (e) OR AS A CON  (c) OR AS A CON  (d) OR AS A CON  (e) OR AS A CON  (c) OR AS A CON  (d) OR AS A CON  (e) OR AS A CON  (e) OR AS A CON  (c) OR AS A CON  (d) OR AS A CON  (e)	SEQUENCE OF  SEQUENCE OF  G TO DEATH BUT  WHICH OPERATION  H DAY YEAR  19  OFFICE, FARM, ETC.)	211 LOCATION 211 LOCATION 211 LOCATION 212 LOCATION 213 LOCATION 214 LOCATION 215 LOCATION 216 LOCATION 217 LOCATION 217 LOCATION 218 L	200 AUTOPSY?  YES NO S  ED (ENTER NATURE OF INJURY)  CITY OR TOWN	206. IF YES, IN CERTIFY! YES THISTEM 10, PAR	WERE FINDING CAUSES  TIOR PART 2)  COUNTY	STATE
MEDICAL	Conditions, if any, gave rise to imme cause (a), stating underlying cause  PART 2 OTHER SIGNI  19a DATE OF OPERATE  21a. ACCIDENT WAS UNDE OR CONTRIBUTING CAUSE  CHE EITHER, NOTHEY MEDICAL  21d. INJURY OCCURRE  WHILE NOTHEY MEDICAL  21d. INJURY OCCURRE  WHILE NOTHEY MEDICAL  22a I certify that (I) (II)  saw the deceased obove, (I) (washtde	ME (IVPE OF RINT)	IE (a)	SEQUENCE OF  SEQUENCE OF  G TO DEATH BUT  WHICH OPERATION  H DAY YEAR  19  OFFICE, FARM, ETC.)	211 LOCATION STREET  19 79  and that in (my) (over) apinion of DEGREE  ATTENDING	200 AUTOPSY?  YES NO SIED (ENTER NATURE OF INJURY)  CITY OR TOWN  Jeoth accurred on the definition of	206. IF YES, IN CERTIFY! YES THISTEM 10, PAR	WERE FINDING CAUSES  COUNTY  COUNTY  And from the	STATE

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Maryland Usw Salings Wanor Nursins Hone Homeraler County

Maryland Salings X 100 W. University Plans.

Charles Pearce Coady Milly Kenty

No 217 22 1666 Or. Charles C. Brown Towson, Mil.

Ex. Kevin Quinn, M.D. 1207 York Road Ealth., No. 8105: Eurial 8/27/80 New Cadradral Salth.; Md.

Henry W. Jentine 8 5-ns Co. 118 16 1980 Party Musharing

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STATE OF MARYLAND

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6	1.	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 0	9510
)	TYPE	CEASED NAME PIRST	Nichols	Brown	Pug 3	1 1980 4 5 A
ouce.	3 SE	F	1 RACE	Dec. 30,1897	6. AGE (IN YEARS LAST BIRTHOAY) YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
135	C	irthplace (state or foreign ountry) [aryland]	76 CITIZEN OF WHAT COUNTRY?  USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or coun	
stpe no		erry Hall	11. NAME OF HOSPITAL, NURSIN 36 Bangert Av	IG HOME OR OTHER INSTITUTION ADDRESS)	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Manager	IZE KIND OF BUSINESS OR INDUSTRY  Cafeteria
examiner m	13e	STATE 136 COU		E ADMISSION)  N 13d INSIDE CITY LIMITS?  YES NO.	36 Bangert A	ve. 21128
1530		John S. Bid	MDDLE LAST dison	15. MOTHER'S MAIDEN NAI FIRST Eva	ME MIDDLE E	Nichols
t, the medi			med forces? 166 social secure war or dates) 215-34-		allis, dehtr.	same addre
r to burial, cremation, or reinny injury, or other traumati	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	rio Scieros	INAL DISEASE OR CONDITION G	SIVEN IN PART TIO
s shows an	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
ental Hygin		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR AM. MONTH DA	21c HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM II	B, PART I OR PART 2)
th and Mental H	MEDICAL	216 INJURY OCCURRED  WHILE ON OT WHILE OF AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
tem 21 is ma		27a.1 certify that (h)(this hosp sow the deceased alive on obove (h) (wey(did) (did no 27b. SIGNATURE	ital) attended the deceased from 190	, and that in my) (our) opinion of DEGREE	death occurred on the date and he	our and from the causes stated
MPORTANT: If Item		VI ILLE	a Togor	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	8 31-80
with the IMPORT		William	A. Ty50	h Box 15	8 Kingsv	1/e Md 2108
	(	BURIAL, CREMATION, REMOVAL SPECKY) Burial	9/3/80 Pe	NAME OF CEMETERY OR CREMATORY Pry Hall United	Methodist Ch	nurch Cemeter
-16 25M 5, 4) 1/79	24. F	uschimanek Fi Home, Inc.	meral Ho 27.09 Bal	5 Belair Road BEP	5 1980	SPAR'S SALDURELY

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DHMH - 17 (VR A15 ME (5)) 15M 7/76

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE

		OR			DEPARTMENT OF	HEALTH	AND MENTAL	LHYGIENE	17	1 0	para.		1
		REGISTRAR		MEI	DICAL EXAMIN	NER'S	CERTIFICATE	OF DEA	H REG.	NO.	~	•	1
	1. DEC	EASED NAM	AE FIRST		WIDDIE		LAST	2	DATE KNOWN		DAY	YEAR	2b. HOUR
	(TYPE	OR PRINT)	Ruth	Mn	rgaratt		Burnham		OF ESTI- DEATH MATED	- X-	3,	,80	1120
	3. SEX		4. RACE	5. DATE OF BIRTH	& AGE (IN Y	EARS IF U		DER 24 HRS 2	C. DATE	MONTH	DAY	YEAR	2d HOUR
	Fa	male	tino 2 to a	MONTH DAY	YEAR LAST BIRTH		HS DAYS HOURS	MIN P	RONOUNCED DEAD	7 -	4.	.80	1100
1		RIHPLACE	White STATE OR	Sept. 5.	170-1	18	450	9	BALTIMORE CIT	Y OR COUN!		-	N. S. W.
5		ryland		U.S.A.		MARR	IED K NEVER MA		D.31.	_			
~		Y OR TOWN			PITAL, NURSING HOM				Baltimore	TYPE OF WORK	17b. KINE	OF BUS	SINESS
0	TaZ.	oodlaw	770		CILITY, GIVE STREET ADDRESS			FOR MO	OST OF WORKING LIFE)		ORI	INDUSTR	Υ
-					nt James R			Hou	sewife				
A	13a. ST	ATE	H3b. COUR	VTY	13c. CITY OR TOWN		13d INSIDE CITY LIMITS		ET ADDRESS	- MO.			
-		ryland		timore	Woodlawn		YES NO		O Saint J	lames I	Road		
22		THER'S NAM	NE .	WIDDLE	LAST		15. MOTHER'S MA	IDEN NAME	WIDDLE		LA	ST	
10		arry	ED EVER INTO A		Chisler	ITY NO	Daisy		? ADDRE	Ecc -	Bush		
	160. VY	S NO. OR UNKN	ED EVER IN U.S. AF	E WAR OR DATES)	16b. SOCIAL SECURI					Ranc			a MD.
		No			213-74-2	465	Harry S	herman	3452 Car	riage			
			OF DEATH (Enter a SEATH WAS CAUSI	nly one cause per line	far (a), (b), and (c).)		1 1				BETWE	ROXIMATE EN ONSET	AND DEATH
		1 500		ATE CAUSE (a)	arcino	we	el r	- ne	/		-		
		100	d-		AS A CONSEQUENCE	OF							
		gave :	ans, if any, which	e / (b)									
9	1		a) stating the <u>under</u> iuse last.	DUE TO, OR	AS A CONSEQUENCE	OF							
		7.09 20		(c)									-110
		PART 2 OTHER	SIGNIFICANT CONDITION	CONTRIBUTING TO OFATH	BUT NOT RELATED TO THE TEN	LMINAL OISEAS	E OR CONDITION GIVEN IN	N PART T (a).					
	CERTIFICATION								-2 D2 -11				
9	CAT	19a DATE O	FOPERATION	19b. CONDIT	ION FOR WHICH OPE	RATION	VAS PERFORMED?		100		20. AU	TOPSY?	A 15
/	THE										YE	s 🗆	NO 🗆
2	CER		IAL CAUSE WAS	216. TIME OF	MONTH DAY YEA		OW INJURY OCCUP	RRED (ENTER N)	ATURE OF INJURY IN ITEM	A 18 PART 1 OR PA	RT 2)		
)		UNDERLYIN CONTRIBUT	G □ OR ING □ CAUSE OF			100							
	IM I	21d. INJURY	OCCURRED	21e. PLACE (			CATION						STATE
	×	WHILE AT WORK	NOT WHILE	SIREET, FACT	TORY, FARM, ETC.)		PIMEEL		CITY OR TOWN	COI	UNTY		SIAIE
		20.1		f.al	. 4			ction X		11			
				N	cribed abave, held an			7	Inquiry V.	and in my ap	inian		
		death resu	Ited from: Nati	ural causes	Accident , S	ouicide	, Hamicide L_		rmined manner	٦.			
		ACTUAL	Wall	med y	- 8/10/=	3	TITLE (SPECIFY)	it		DATE	8	-4.	-80
1		SIGNATURE	Con	izus i		^	A.D.	MEDIC	CAL EXAMINER	SIGNE	D_0		
>-	20	EXAMINER'S	S NAME CO	NRADO	FERRE	Rn	ADDRESS 55	50 B	altimon	e NHC i	P.Ko	2	1228
_	73 c DI	TYPE OR PR	ATION, REMOVAL		23c. NAME OF C				CATION				200
	(5)	PECIFY)	ATIONALMOVAL					CITY O	RTOWN	Carr	110		ATE
		rial	CTOR	Aug. 7, 19	DO Lakevi	ew Mei	m. Garden	TE REC'D. BY	cesville REGISTRAR 256 RI	EGISTRAH	-	See.	P
	1	NAME	- 11	ADDRESS				AUGO	1980	housed	10.00		/
	17	· ud · Le	MADICA	1 Che	wines for	W4	MU.					-4	

Connection ( congress)

Carrier in Feether

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Ċ	0)	1		DECEASED NAME FIRST YPE OR PRINT)	
	y b	M)			MA
	death. Page 4 may be	$\mathcal{C}$	3. :	sex Female	1
	h. Pag	ator	70.	BIRTHPLACE (STATE OR FOREIGN	71
	deat	n 72 h	5	COUNTRY)  MD	
1	after	in by the furthing filed within	10	CITY OR TOWN OF DEATH	ī
201	ours	n by filled	16	TOWSON  UAL RESIDENCE HE NURSING HOME	1
ND 2	in 24 f	filled i	5 13	UAL RESIDENCE IN NURSING HOME STATE MD 130 CO	UNT
AARYLA	ted with	d 2 shou	14	FATHER'S NAME Frederick	MI
MORE, A	pe execu	ages 1 and the medit	2 16		ARM
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 howith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  MPPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at	9 NOTA SIGN	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION	
IVISION OF VITA	JING PHYSICIAN tending physician.	After this certifica the burial-transit h and Mental Hyg narked or Item 18	NOTA CENTIFICATION	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	
	TO HOSPITAL OH ATTENDING PHYSICIAN retained by the hospital or attending physician	TO FUNERAL DIRECTOR: After this certificate has been signed be should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, IMPORTANT: If Item 21 is marked or Item 18 shows any injury,		22e I certify that (I) (this has saw the deceased alive above. (I) (we) (did) (did) 22b. SIGNATURE	on_not)
	TO F	shoul with	73	ANTHONY BURIAL CREMATION REMOVE	A.I.

1 - STATE REGISTRAR			DEPART		ICATE OF DEA		REG. N	0.	7	)   4
DECEASED NAME	FIRST	A	AIDDLE	L	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(TIPE OR PRINT)	MAR	Υ	G.	CA	LLAHAN			8/	19/80	10:45
3. SEX	4 RA			5. DATE C	F BIRTH		& AGE (IN YEARS LAST BIRT	THDAY)	IF UNDER 1 YEA	
Female		Wh	ite	MONTH 8		1890	90	YRS.	MONTHS DAY	S HOURS MIN
. BIRTHPLACE (STATE OF F	OREIGN 76 C	ITIZEN OF	WHAT COUNTRY	1			BALTIMORE CITY O		Y OF DEATH	
COUNTRY)  MD		USA		WIDOWE	D NEVER MAI	RCED	BALTIMOR	E CC	UNTY	M
TOWSON	ATH III.	NAME OF H	HOSPITAL, NURSI H FACILITY, GIVE STREE	NG HOME C	R OTHER INSTITU	MOIT	120 USUAL OCCUPATE 17 TYPE OF WORK FOR MOST O HOMEMAKEY	F WORKING		OF BUSINESS O
USUAL RESIDENCE IN NUR 130 STATE MD		INSTITUTION,		RE ADMISSION)	134 INSIDE CITY		13a STREET ADDRESS 6201 Loch		n Boule	vard
Frederic	3K MIDDLE		Witabe	rger	15. MOTHER'S M	ia	MIDDLE		Arno	
MAS DECEASED EVER	IN U.S. ARMED JIF YES, GIVE WAR		213-03-		17 INFORMANT 15323 FC	Mr. ills R	William H. d., Butler,	Call	ahan II 21023	I
Conditions, if ony gove rise to im couse (a), state underlying couse	, which mediate and the	(b)	RAS A CONSEOU BRAIN RAS A CONSEOU	DEATH	SECON	DARY	то #1			
	NIFICANT CONE	OITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CON	DITION G	IVEN IN PART	1(a)
I 190 DATE OF OPERA	NOIT	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORM	NED	20a AUTOPSY?	IN CERT	ES, WERE FIND IFYING CAUSI IES	DINGS USED ES OF DEATH? NO
OR COLUEN BUILDING	CAUSE OF DEATH	116. TIME O HOUR A.I P.I	M. MONTH D	AY YEAR	21c HOW INJU	RY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	, PART 1 OR PART 2)	
QIF EITHER, NOTIFY MEDIN  21d. INJURY OCCUR  WHILE NOT WAT WORK AT WORK	HILE C	THE PLACE (	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC	211 LOCATION STREET	0.0	CITY OR TOV	WN	COUNTY	STATE
226 I certify that (I saw the decess above, (I) (we) ( 226. SIGNATURE	. 0	/19	19_		DEGREE	19	to STAL STAL DIRECTOR PHYSIC	FF		that (I) (we) lone couses stated
226. PHYSICIAN'S N ANTHO	AMP (TYPE OR PRINT	1. Ve	TERE	mo	GBMC	6701	N. CHARLE	ES S	Т.	
BURIAL, CREMATION	REMOVAL 23	. DATE	73c.	NAME OF C	EMETERY OR CRE	MATORY	23d. LOCATION		4 OUNTY	STAIR

DHMH-16 25M (VRA 15, 4) 1/79

Entombment

8/21/80

Lorraine Mausoleum

Woodlawn

Baltimore

MD

FUNERAL DIRECTOR Loring Byers Funeral Directors, P.A. 150 DATE REC'D. BY REGISTRAR 250 ECSTRAR SIGNATURE 8728 Liberty Rd. Randallstown, MD 21133

Y 1.2. W. 1.2. THE PERSON OF TH 

1	1.05	STATE REGISTRAR CEASED NAME FIRST	MIDDLE		ICATE OF DEATH	REG.	NO.	DAY	YEAR	Las violes
			ERT E.		ALLAN, sr.	Ze DATE OF BEATH	8		80	26. HQUR 12 : 1
	3. SE	x Male	4 RACE White	5. DATE O		6. AGE (IN YEARS LAST 0	RTHDAY}	MONT	NDER I YEAR	HOURS /
35	C	RTHPLACE (STATE OR FOREIGN OUNTRY) Laryland	76 CITIZEN OF WHAT COUNTY	MARRIE WIDOWI	D NEVER MARRIED DO	BALT IMORE				×
56		OWS ON	GBMC -6701 N			124 USUAL OCCUPA		eer	NDUSTRY Bal	to. C
35	13a S	STATE 136 COL	or other institution, give residence se UNTY 13c CITY OR TO altimore Luthe	FORE ADMISSION) OWN TVILLE	134 INSIDE CITY LIMITS?	130 STREET SOURCES	eltor	n Ro	ad,	
030		THER'S NAME FIRST Thomas  E	Edward Cal	.lan	15. MOTHER'S MAIDEN NAM Grace	AE MIDDLE			Tay1	or
1	16a. V	NAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G WW	ARMED FORCES? 166 SOCIAL SI VII 215-16		Robert E. Ca		RESS 406 T	W. T	'imoni	um Ro
		Canditions, if any, which gove rise to immediate	ATE CAUSE (0) C ARD 1 /ATE CAUSE (0) C ARD 1		INFARCTION					
	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	ATE CAUSE (0)	OUENCE OF	INFARCT ION	INAL DISEASE OR CO	NDITION	GIVEN I	IN PART 16	31
9	TIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE	QUENCE OF	INFARCT ION	INAL DISEASE OR CO	20b. IF	YES, WI	ERE FINDING CAUSES	
9	CAL CERTIFICATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSECUTION OF THE CAUSE (b)  DUE TO, OR AS A CONSECUTION OF THE CAUSE (c)  CONDITIONS CONTRIBUTING TO CONDITION FOR WH  DEATH HOUR A.M. MONTH	QUENCE OF QUENCE OF TO DEATH BUT	INFARCT ION	200 AUTOPSY?  YES NO	20b. IF	YES, WI	ERE FINDING CAUSES	GS USED OF DEATH
99	MEDICAL CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  LIFE EITHER, NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINE  WHILE AT WORK AT WORK	DUE TO, OR AS A CONSECTION OF TO A CONSECTION OF TA	QUENCE OF  O DEATH BUT  ICH OPERATIO  DAY YEAR  19  CE, FARM, ETC.)	INFARCT ION  NOT RELATED TO THE TERM  N WAS PERFORMED  211. HOW INJURY OCCURR  211. LOCATION STREET	200 AUTOPSY?  YES NO	20b. IF IN CEI	YES, WI RTIFYING YES [	ERE FINDING CAUSES	GS USED OF DEATH
9		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINE AT WORK  22a   certify that (1) (this has sow the deceased alive of the cause of th	DUE TO, OR AS A CONSECTION OF	DAY YEAR  19  10 CE, FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED  21c. HOW INJURY OCCURR	200 AUTOPSY?  YES NO CENTER NATURE OF IN:	206. IF IN CEI	YES, WI RTIFYING YES	ERE FINDING CAUSES  OR PART 2)	IGS USED OF DEATH' NO STATE
99		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE AT WORK NOTIFY THE AT WORK SOW the deceased alive a bove, (f) (we) (did) (did 72b. SIGNATURE S. NAA JAR,	DUE TO, OR AS A CONSECTION OF TO A CONSECTION OF THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFINION) View the bady ofter death.	DUENCE OF TO DEATH BUT TO DEATH	INFARCT ION  NOT RELATED TO THE TERM  N WAS PERFORMED  211. LOCATION STREET  19. 80  and that in (my) (aur) apinion of Physician	200 AUTOPSY?  YES NO CITY OR TO  TO 8-19  Jeath occurred on the	20b. IF IN CEI	YES, WI RTIFYING YES	ERE FINDING CAUSES  OR PART 2)	STATI
99		Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT  19e DATE OF OPERATION  21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINE  22e I certify that (I) (this has saw the deceased alive cabove, (I) (we) (did) (did)  22e. S. SIGNATURE	DUE TO, OR AS A CONSECTION OF TO A CONSECTION OF THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFINION) View the bady ofter death.	DUENCE OF TO DEATH BUT TO DEATH	NOT RELATED TO THE TERM  N WAS PERFORMED  211. HOW INJURY OCCURR  211. LOCATION STREET  19. 80  nd that in (my) (aur) apinian of DEGREE  ATTENDING	280 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  Beath occurred on the  MEDICAL ST  DIRECTOR PHYS	20b. IF IN CEI	YES, WIRTIFYING YES 118, PART 1	ERE FINDING CAUSES  OR PART 2)  COUNTY  Of from the  22c DATE  8-15	STATI
99	WEDICAL MEDICAL	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE AT WORK NOTIFY THE AT WORK SOW the deceased alive a bove, (f) (we) (did) (did 72b. SIGNATURE S. NAA JAR,	DUE TO, OR AS A CONSECTION OF THE PROPERTY OF	DUENCE OF TO DEATH BUT TICH OPERATIO  DAY YEAR 19 CE, FARM, ETC.)  8 80	INFARCT ION  NOT RELATED TO THE TERM IN WAS PERFORMED  211. HOW INJURY OCCURR 211. LOCATION STREET  18 19 80 and that in (my) (aur) apinion of the physician physician [220]	280 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  Beath occurred on the  MEDICAL ST  DIRECTOR PHYS	20b. IF IN CEI	YES, WI RTIFYING YES TO THE PART I	ERE FINDING CAUSES  OR PART 2)  COUNTY  Of from the  22c DATE  8-19	STATE

C I L V I L C C C MAN INCOME

1990 Pappag

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

(VR A 15 (4))

K	1	REGISTRAR			CERTIFIC	ATE OF DEATH	REG. N	0.		
10		CEASED NAME FIRST OR PRINT)		IDDLE	LAST		20. DATE OF DEATH	MONTH DAY		h HOUR
at by the ottending physicion and completely filled in by the function, page 3 states remove corbompapers. Pages 1 and 2 should be filled within 72 hy. Office death roll, cremation, or removal.  ar other troumatic event, the medical examiner must be notified at an other.		HELEK	)	L. (	CAMPREY	Y Campbell		8.17	80 1	1.05
	3. SE.	_	4 RACE		5 DATE OF	BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIRT	(MDAY) IF UNI		FUNDER 24 H
)		Female		hite	7	19 15	65	YRS.		
lang -		RTHPLACE (STATE OR FOREIGN DUNTRY)		VHAT COUNTRY?	MARRIED (	NEVER MARRIED	9 BALTIMORE CITY O		DEATH	
		Pa.	U.S.		WIDOWED[		Balto. Co			
58	Т	TY OR TOWN OF DEATH	Saint J	oseph H	ospita	OTHER INSTITUTION	120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF WORK FOR MOST OF THE OF		NIND OF E	JUSINESS
35	13a S	AL RESIDENCE (IF NURSING HOME) TATE 13b CC	E OR OTHER INSTITUTION. DUNTY	GIVE RESIDENCE BEFOR	WN 13	d INSIDE CITY LIMITS2	130 STREET ADDRESS	N RD	7	1131
12.	14 FA	THER'S NAME	MIDDLE	LAST	15	MOTHER'S MAIDEN N			LAST	
	14 1	Leroy	McClu			Elizabeth	ADDRE	Holtzma	n	
	16a. V	VAS DECEASED EVER IN U.S. (IF YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	820-06-		Howard E. (		Same		
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause per	line for (a), (b), or	nd (c	100			APPROXIMA BETWEEN ONS	TE INTERVA
			JSEĎ BY: HATE CAUSE (a) 5	UBARACHI	HOID H	EMORPHAGE			241	HOUR
		431-								
e e		Conditions, if any, which	DUE TO, OR	AS A CONSEQU	JENCE OF					
Osuer 110		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR	AS A CONSEQU	JENCE OF					
	N.	PART 2. OTHER SIGNIFICAN	T CONDITIONS CO	NTRIBUTING TO	DEATH BUT NO	OT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN	PART 10	
any	CERTIFICATION	19a DATE OF OPERATION	19b. CONDI	TION FOR WHICH	H OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WEI	RE FINDING	S USED
1	TIF	-					YES NO M	YES [		NO [
9	E.	210. ACCIDENT WAS UNDERLYING	110110 4 4			1c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 C	OR PART 2)	
9	AL	OR CONTRIBUTING CAUSE OF	DEATH		19	Marin .				
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE C	OF INJURY SET, FACTORY, OFFICE,		If. LOCATION	CITY OR TOV	NN CC	YTHUC	STATE
	Σ	AT WORK NOT WHILE AT WORK	(ATHOME, STA	ET, FACTORF, OFFICE,	, PARM, ETC.,					STATE
	Ú.	220.1 certify that (I) (this ha	spital) ottended the	deceased from_	8/10	8/6 19.80	, to 8 17		60 , tho	ot (I) (we)
					bno , 006	that in (my) <u>(our)</u> opinio	n death accurred on the de	ote and hour and	from the cou	uses stote
D.		obove, (1) (we) (did) (did 22b. SIGNATURE	not) view the body o	offer deoffi.	DE	GREE			22c. DATE SIC	GNED
		Davidate (	1 ldhin		N.	ATTENDING PHYSICIAN	MEDICAL STAI	FF INNER	2/17/5	05
		22d PHYSICIAN'S NAME (TY	PE OR PRINT)	(2)		2e ADDRESS	_ DIRECTOR _ FITTSIC	TAN	Olivic	10
1		RANDOLPH 1				ST. JOSEPH	HOSPITATE !	BARTO. A	D	
	23a. E	SURIAL, CREMATION, REMOV				ETERY OR CREMATORY	CITY OF TOWN	COUN	ΤΥ	STATE
	L'	Cremation	8/19/8	30	Loudo	n Park	Baltimor	e, Mary 1	and	THE SECTION
	24 F	INERAL DIRECTOR		ADDRESS		25a DA	ATE REC'D. BY REGISTRAR	256. RECOTRAR'S	SIGNATUR	F

Leonard J. Ruck, Inc., 5305 Harford Rd.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 

## IMPORTANT: If Item 21 is marked or Item 18 TO FUNERAL DIRECT should be detached for u with the State Dept. of I

STATE OF MARYLAND

1	FOR - STATE REGISTRAR		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	9 5 1 5
	PE OR PRINT)	Ard L. C	Arbis	20. DATE OF DEATH MONTH	19-80 1125 M
3 5	EX M	RACE CAVE. S. DATE MON	OF BIRTH 7 - 16 - 1905	6 AGE (IN YEARS LAST BIRTHDAY) 75 YRS	MONTHS DAYS HOURS MIN
70.	COUNTRY) MD	USA wibow		Baltimore Count	
F	Randallstown B	1. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Caltimore County Gene	eral Hospital	12R USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE Patapseo & Bac	12b. KIND OF BUSINESS OR INDUSTRY  River Railroa
13a	MD Balti	other institution, give residence before admission ty 138. City or town more Wood Lawn	YES NOXX		st Road 21207
14.1	FATHER'S NAME UNKNOWN	Carbis	15. MOTHER'S MAIDEN NA	Unknown	LAST
16n	WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVEN		17 INFORMANT Mrs. 2003 Hillcres	Gertrude Carbi st Rd., Baltimore	s e, MD 21207
-	Il CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE  Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause lost.		with Respirato	ny Distress Syntro eumom à -	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO.		ONDITIONS CONTRIBUTING TO DEATH BU	TO NOT RELATED TO THE TERM	A	IVEN IN PART 1(0)
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED PIFYING CAUSES OF DEATH? PES NO NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19	R	RED (ENTER NATURE OF INJURY IN ITEM 18,	, PART I OR PART 2)
MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21r PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
			16 - 675	2 10	GA

saw the deceased alive on obove, (I) (Am) (did adid no the body after death 22b. SIGNATUE

22R ADDRESS

MEDICAL STAFF

in (my) (our) opinion death occurred an the date and hour and from the causes stated

22c DATE SIGNED

23s. BURIAL, CREMATION, REMOVAL (SPECIFY)

22d. PHYSICIAN S NAME I TYPE OR PRINTS

23b. DATE 8/22/80 21c NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

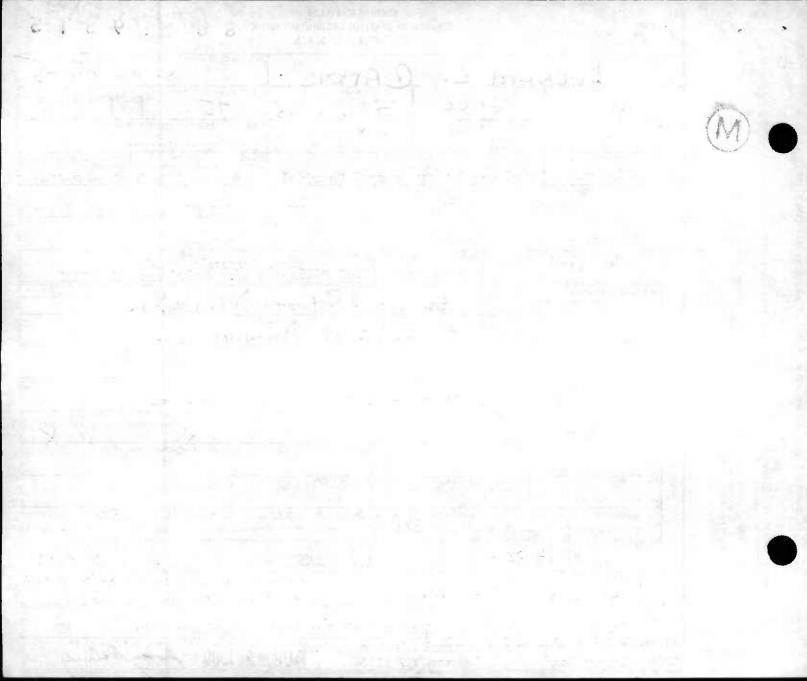
DEGREE

Baltimore City

COUNTY STATE

Burial

DHMH-16 25M (VRA 15, 4) 1/79 24 FUNERALDIRECTOR Loring Byers Funeral Directors, P.A. 25R. DATE REC'D.
8728 Liberty Road, Randallstown, MD 21133
AUG 22



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hrawith the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examines must be faultied or ance.

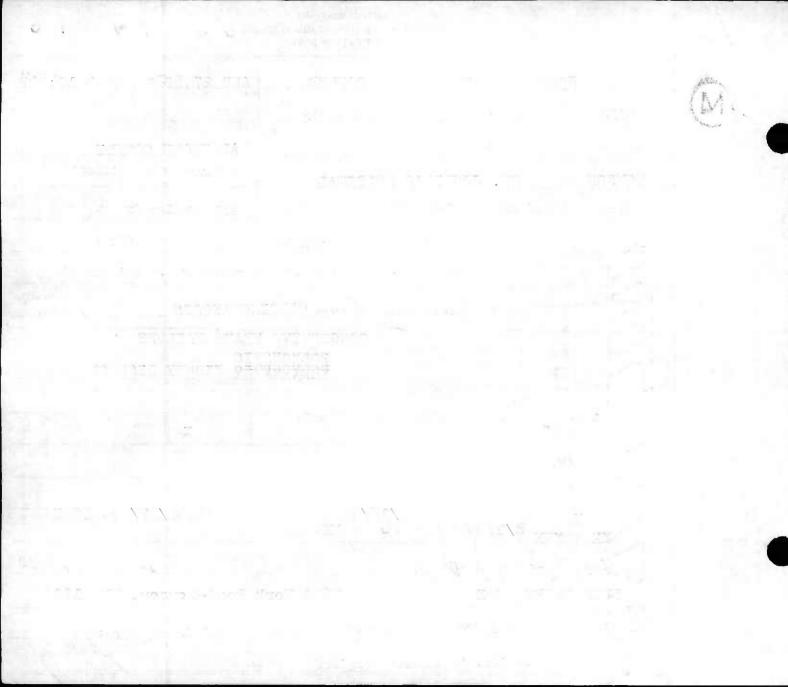
FOR - STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE	8	O REG	NO.	9
ECEASED NAME	FIRST	WIOOLE	LAST	2a D	ATE O	F DEATH	H MONTH	DAY
L OK PRIMI)	TOHN	F	CARTER	Δ	IIG	27	8008in	27

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	CEASED NAME	FIRST		AIOOLE	L	AST	T	20 DATE OF DEATH MONTH	DAY YEA	R 2b HOUR	
(111)		JOHN		Ħ		CARTER		AUG 27.80%	27-8	0 1035	Pan
3 SE			4 RACE		5 DATE C		YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 Y		
	MALE		White		Dec	20,1899	YEAR	80 YR		AYS HOURS A	MIN
	RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8	D NEVER MARE	DIED <b>X</b>	BALTIMORE CITY OR COU		4	
	Maryland		U.S.	A.	WIDOWE			BALTIMORE C	OUNTY		MD
10 C	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSING		R OTHER INSTITUT		12a. USUAL OCCUPATION	125. KIN	D OF BUSINESS	SOR
	TOWSON		ST. J	OSEPHIS	HOS	PITAL		(TYPE RECTPECT NEWS	Americ	zan	
13a. S	AL RESIDENCE (IF NUI	RSING HOME OF	OTHER INSTITUTION, UJY IMORE	GIVE RESIDENCE BEFORE  13c CITY OR TOWN  Parkvi		134 INSIDE CITY	JAMITS?	13e STREET ADDRESS			
	aryland	Balt	ımore	Parkvi.		YES NO		8319 Nunley	Dr		
14. FA	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MA	IDEN NAM	.E MIDOLE	. 11	LAST	
	John	Th	omas	Carter		Augus	sta		Ziema	n	
	WAS DECEASED EVE YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166 SOCIAL SECUE	RITY NO.	17. INFORMANT		ADDRESS			
	No			216-05-	5074	Mr Char	cles 1	Carter Jr 8 F			
	18 CAUSE OF DEA	TH (Enter or	ly one couse per	line for 101, (b), and	lichii "	7			BETW	ROXIMATE INTERVA	AL EATH
	PARTI. DEATH		TE CAUSE (0)	Carcus	nom	alusin C.	ARCIN	NOMATOSIS		2 mon	?
	1990		DUE TO, O	R AS A CONSEQUE	NCE OF						
	Conditions, if on		( ib)			CONGEST	LVE F	EART FAILUR	<u> </u>		
	gove rise to in	ing the	DUE TO, OF	R AS A CONSEQUE	NCE OF	POLY	CYSI	IC			
	underlying cous	ie lost	( Ic)			XXX	XXXX	KIDNEY D	LSEASE	1	
7	PART 2 OTHER SIG	MIFICANT	CONDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CONDITION	GIVEN IN PAR	T 1(o+	
ē			desce	-							
CERTIFICATION	19a DATE OF OPER	NIA	196/CONDI	TION FOR WHICH (	OPERATIO	n was performe	D		YES, WERE FIN RTIFYING CAU YES	NDINGS USED ISES OF DEATH?	?
	21a ACCIDENT WAS UP		21b. TIME O		y YEAR	21c HOW INJURY	Y OCCURRE	D (ENTER NATURE OF INJURY IN ITEM	18, PART I OR PART	2)	
₹ S	(IF EITHER, NOTIFY MED			M.	19					- 57	
MEDICAL	21d. INJURY OCCUI	WHILE	21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	RM, ETC.)	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATI	1E
_	AT WORK	Onn			1						
	22a I certify that					60/10 11	9 80			B. Uho (A) we	e) lost
		did XdX X	1) view the body	ofter deoth.			) opinion de	eoth occurred on the dote and			ed
	226. SIGNATURE	_ =	P /	0		DEGREE	NDING _	MEDICAL STAFF		ATE SIGNED	0.57
ļ	Luk	29 -	my p	rell		PHYS	ICIAN	DIRECTOR PHYSICIAN		8-27-1	80
	22d. PHYSICIAN'S N					22e. ADDRESS	37 3	D 4 M	745	07.004	
	LUKE	TERR	Y, MDX					Road-Towsor	i, MD	21204	
23a. E	BURIAL, CREMATION SPECIFY) BULLIAL	, REMOVAL				EMETERY OR CREA		23d. ŁOCATION CITY OR TOWN	COUNTY	STATE	E
			8/30/	80	Jerus	salem Luti		Baltimore,	Maryla	nd	
24. FI	UNERAL DIRECTOR			ADDRESS			25a. DATE		STRAKS SIG	Chedy	
	Leonar	d J Ri	ick Inc.	Baltimor	e, Ma	aryland	AU	6 29 1980	/	1	

retained by the hospital or attending physician.



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T., 84	ertific	physi
S NO	eath c	arbon n, or r
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	the d	nove c
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I REC	: The	e has permit ene p
VITA	CIAN ician.	tificat ansit p Hygi
Ö	HYSI phys	nis cer rial-tra Aental
1510	NG P	fter the he bur
DIV	TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 milk retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours much the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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1/			STATE OF MARYL
- 6	FOR	DEPAR	TMENT OF HEALTH AND
	- STATE		CERTIFICATE OF

## AND MENTAL HYGIENE

8	0	1	9	5	1	7
	REG. NO.					

REGISTRAR		CERT	IFICATE OF DEATH	REG. N	0.	-
I DECEASED NAME FIRST	MIDDE	(E	LAST	2e DATE OF DEATH	MONTH DAY YEA	26. HOUR A
THO	MAS SCHUE	LER CHAMPN	NESS	AUGUST	17,1980	4:00 M
3 SEX	4 RACE		E OF BIRTH	6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
Male	White	Ai	igust 12,1909	71	YRS.	
Te. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WH	AT COUNTRY?	RIED X NEVERMARRIED	9 BALTIMORE CITY C		Н
Maryland	USA	WIDO	WED DIVORCED		re County	MD.
Towson	135-C	ersailles		120 USUAL OCCUPAT LIVE OF WORK FOR MOST OF Chief. Righ	TOP STATE	of Business OR TRY te Highway
USUAL RESIDENCE (F NURSING HOME 130. STATE 133. CO Maryland Bal		ERESIDENCE BEFORE ADMISSIC CITY OR TOWN TOWSON	134 INSIDE CITY LIMITS?	130 STREET ADDRESS		Circle
Thomas Champn	MIDDLE	LAST	15 MOTHER'S MAIDEN NA Elizabe	th Schueler		LAST
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166	SOCIAL SECURITY NO	17 INFORMANT	ADDRE	SS	
		05-05-7377	Mrs. Dorothy	H. Champne	ss Same	e
	DUE TO, OR AS	A CONSEQUENCE OF	hand forlar	AINAL DISEASE OR CON	DITION GIVEN IN PAR	RT I (a ·
19a DATE OF OPERATION  71a. ACCIDENT WAS UNDERLYING	196 CONDITIO	N FOR WHICH OPERAT	TION WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FIT IN CERTIFYING CALL YES	NDINGS USED USES OF DEATH?
OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M.	MONTH DAY YE	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART	T 2)
216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF I (AT HOME, STREET, I	NJURY FACTORY, OFFICE, FARM, ETC.	211 LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
220 I certify that (I) (this has saw the deceased alive above, (I) (we) Adid) (did 22b. SIGNATURE	an	19	, and that in (my) (our) opinion  DEGREE	deoth occurred on the de	ate and haur and fram	that (I) (we) lost the causes stated
224 PHYSIGHAN'S NAME (TYP	Willy		ATTENDING PHYSICIAN	MEDICAL STAI	FF SIAN D	3/18/80
James C. R	icely, M.	D.		rles St. Ba	ltimore, Mo	d. 21212
238 BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c NAME O	F CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE

BP. DHMH-16 25M (VRA 15, 4) 1/79

Burial August 19,19
74 FUNERAL DIRECTOR
NAME
Mitchell-Wiedefeld Home, Inc.

with the State Dept. or recess.

August 19,1980 Moreland Memorial Parkville, Balto. Co., Md ADDRESS 6500 York Rd. Baltimore, Md.

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THE SECRETARY AND A STREET, AND A SECRETARY AND A SECRETARY AND ASSESSED OF THE SECRETARY ASSESSED.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

8 REG. NO 20. DATE KNOWN XX MONTH 2b. HOUR ESTI-OF DEATH MATED 8 21 19 80 24 HOUR 6:10 IF UNDER 24 HRS 24. DATE PRONOUNCED DEAD 8 21 19 80 P .M 9. BALTIMORE CITY OR COUNTY OF DEATH

Eartha	(Eart	he)			Char	1es
SEX	4. RACE	S. DATE OF BIRTH	YEAR	6. AGE (IN YEARS		
Male	Black	8 27	38	41 YRS.	MONTHS	CIAYS

To. BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? MARRIED TENEVER MARRIED FOREIGN COUNTRY! USA S.C. WIDOWED [ DIVORCED

Virginia L. Dolan, M.D.

8/26/80

WIDDLE

11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

111 Penn Street

Baltimore

23d. LOCATION

25a. DATE REC'D. BY REGISTRAR

Baltimore County 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY

	Baltimore			Hospital
UAL RESIDENCE (IF IN HURSING HOME OF	R OTHER INSTITUTION, GIVE R	SESIDENCE BEFORE AD 30 CITY OR TOVE Baltime	VN 1:	3d. INSIDE CITY LIMITS?
MD		Baltimo	ore	YES A NO

MIDGLE

Baltimore Charles

3905 Annellen Rd. 15. MOTHER'S MAIDEN NAME Mary

NO [

Charles MIDDLE Lowery

COUNTY

Co.

GISTRAR'S SIGNATURE

STATE

MD

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) Yes

FOR

- STATE

(TYPE OR PRINT)

REGISTRAR

I. DECEASED NAME

10. CITY OR TOWN OF DEATH

14. FATHER'S NAME

Harry

EXAMINER'S NAME

23a BURIAL, CREMATION REMOVAL 23b. DATE

Burial

C. March F/H

(TYPE OR PRINT)

24. FUNERAL DIRECTOR

166 SOCIAL SECURITY NO. N/A

7. INFORMANT

13d. INSIDE CITY LIMITS?
YES A NO

Joyce Charles 3905 Annellen Rd.

	18 CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY:	Arteriosclore	tic Cardiovas	cular Disease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE O	)F		
	gave rise ta immediate cause (a) stating the <u>under</u> -lying cause last.	(b)	F		
ATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB		NAL DISEASE OR CONDITION GIVEN IN	PART I (a).	
CERTIFICATI	196. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERA	ATION WAS PERFORMED?		20. AUTOPSY?  YES XX NO
1 4	210. EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
MEDIC	21d INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220. I certify that I taak charge of the death resulted fram: Natural cour	e remains described abave, held an	Autapsy XX Inspec	tian , Inquiry , or	nd in my apinian
	ACTUAL SIGNATURE () UZGIMA	Llola	TITLE (SPECIFY)  M.D. Assista		DATE 8-22-80

ADDRESS

23(. NAME OF CEMETERY OR CREMATORY

1101 E. North Ave.

King Memorial Park

BP. **DHMH - 17** (VR A15 ME (5)) 15M 7/77

	A market		
, 2, 0	in the factor	ed of the testing	micra Pictura
is Armedisen di.			
4289		11.00	
en all		not sending to	
	Southiese.		
	AF gaves d?		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deverained by the hospital or attending physician.

in. Page A'mav

	1.	FOR STATE REGISTRANC 15	5 307	845	DEPART	MENT OF I	E OF MARYLAND BEALTH AND MENTAL HYG CICATE OF DEATH	0	Ü REG. NO.	1 9 5	19
		CEASED NAME ORPRINT)	FIRST		MIDDLE		IAST	20 DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR
			HOWAR		.W.	CHAS	E	A	UGUST 7	, 1980	1:00A M
лсе.	3. SE	MALE	1	BLACK		S DATE (		6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN
1 3 S		RTHPLACE (STATE OR FO		CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED		ORE COU		MD.
to Pe no		ORT HOWARD		(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS)	MARYLAND	12a USUAL OC		126 KIND O	F BUSINESS OR
m m 35	13a S	AL RESIDENCE (IF NURSI STATE ARYTAND	NG HOME OF OT	HER INSTITUTION	BALTIMOR	/N	134. INSIDE CITY LIMITS?	13. STREET ADD	DRESS TAND CO	urt	
medical exam	14. FA	THER'S NAME FIRST	MID	DOLE	LAST		15. MOTHER'S MAIDEN NA		#JOOLE	LAS	
J J	16a. V	VAS DECEASED EVER	IN U.S. ARME	D FORCES?	166 SOCIAL SECU	JRITY NO	17 INFORMANT		ADDRESS		
event, the		(ES NO OR UNKNOWN)	WW .	I	212 09 6	724	CLINICAL REC	ORDS, VA	MC, FOR	T HOWARD,	MARYLAN
shows any injury, or	CERTIFICATION	PART 2 OTHER SIGN MIXH:D PARC PHR PHRIA 190 DATE OF OPERAT	L VASC	NDITIONS COUNTY IN THE PROPERTY OF THE PROPERT	ONTRIBUTING TO EFT. NECK. TSPASE.	DEATH BUT BITA	NOT RELATED TO THE TERM THRAT ABOVE K OCCLUSION OF N WAS PERFORMED	AINAL DISEASE ONER AMPU	Y? 206. IF	GIVEN IN PART TO SECONDAR! YES, WERE FINDING TIFYING CAUSES	IGS USED
8 sh	E							YES A	0	YES T	NO [
or Item 18		216. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	AUSE OF DEATH		DE INJURY M. MONTH D M	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM I	8, PART 1 OR PART 2)	No.
marked	MEDICAL	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR		21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE,		211 LOCATION STREET	CIT	Y OR TOWN	COUNTY	STATE
em 21 is		220 I certify that if saw the decease above, (I) (we) (d	d alive on	AUGUST	719	80	nd that in (pry) (our) apinion	death occurred a			that M (we) lost causes stated
ANT: If It		22b. SIGNATURE	PSw	gh.		鞍	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF Y	8/9	SIGNED 180
IMPORTANT:		P. SINGH,	- 1	Hin			V.A. MEDICA	L CENTER	FORT	HOWARD. 1	0
2	(	BURIAL CREMATION, I	REMOVAL	236. DATE 8/13	3	MAME OF C	EMETERY OR CREMATORY Nat'L	23d. LOCATIC CITY OR TO	N	COUNTY	U STATE
25M ) 1/79	24 FI	NAME PONDE	Baile	v 13	AB N. C	alho	un St AUG	1 5 1980	STRAR 25	Hay Note	well

PILET BERNEMEN 1:00 and the second s PUR ST TASK TORREST ON THE MENT OF SERVICE STATES OF SERVICE STATE inding physicion and completely filled in by the corbanpopers. Pages 1 and 2 should be filed

injury, or other troumotic event, th

should be detoched for use as the burial-transit permit. Then please with the State Dept-of-Hoolth and Mental Hygiene prior to burial, an

MPORTANT: If Item 21 is morked or Item 18 shows ony

After this certificate has been

ATTENDING PHYSICIAN: The low

DEPARTMENT

FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9520

	REGISTRAR	100			CERTIF	ICATE OF DEATH	REG NO			
	CEASED NAME OR PRINT)	JEROM		A.	CHEME	LLI	AUGUST 22	, 1980	YEAR	2b. HOUR OF
3 SE	Male		White		S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNE	DER I YEAR	IF UNDER 24 HRS HOURS MIN,
C1	RTHPLACE (STATE OF DUNTRY)		U S A	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore City of		EATH	MD
	ty or town of t oodlawn	EATH		HOSPITAL, NURSIN H FACILITY, GIVE STREET, GWYNN DAK		DR OTHER INSTITUTION	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF Dept of D	WORKING LIFE) IN		Govt.
130. 5	AL RESIDENCE HEN STATE TYLAND	13P CON	OTHER INSTITUTION, ITY IMOTE	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Woodlawn	N	YES 🗌 NO 🔀	13e STREET ADDRESS 1929 Gwyni	n Oak Av	enue/	
	Dominic		H.	Chemel	li	Mary Mary	MIDDLE		span:	ski
(1	VAS DECEASED EV (ES, NO OR UNKNOWN) Yes	( IF YES, GIVE	MED FORCES? WAR OR DATES]	166 SOCIAL SECU 178-36-5		Mrs. Justin	e Chemelli,		ו תחענ	Oak Ave
NO		IMMEDIAT ny, which mmediote oting the use lost	DUE TO, OI	RAS A CONSEQUE  RAS A CONSEQUE  DITRIBUTING TO D	NCE OF	vous of Ch	Scenly G	ITION GIVEN IN	PART 1(o	
CERTIFICATION	190 DATE OF OPE	RATION	19b. COND	above	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20). IF YES, WER TN CERTIFYING YES		
MEDICAL CER	21a ACCIDENT WAS: OR CONTRIBUTING (IF EITHER, NOTIFY ME 21d. INJURY OCCI WHILE AT WORK	CAUSE OF DEA	P., 21e. PLACE	M. MONTH DA M.	19	21c. HOW INJURY OCCURR 21f LOCATION STREET	ED JENTER NATURE OF INJURY		R PART 2)	STATE
	22a.   certify that sow the dece above, (I) (we		ol) offeridad th		19	nd that in (my) (our) opinion o	Y, to	e and hour and		hot (I) (we) lost ouses stated
	226 SIGNATURE	1	Lem	my.	0		MEDICAL STAF	0.00	8/2	IGNED 10
	Dr. Ma	ULICE			4.6	Baltimore Co	unty Genera	l Hospit	tal	

DHMH - 16 60M 1/75 (VR A 15 (4))

O FUNERAL DIRECTOR:

230 BURIAL CREMATION REMOVAL 136 DATE

BURIAL 8/25/80

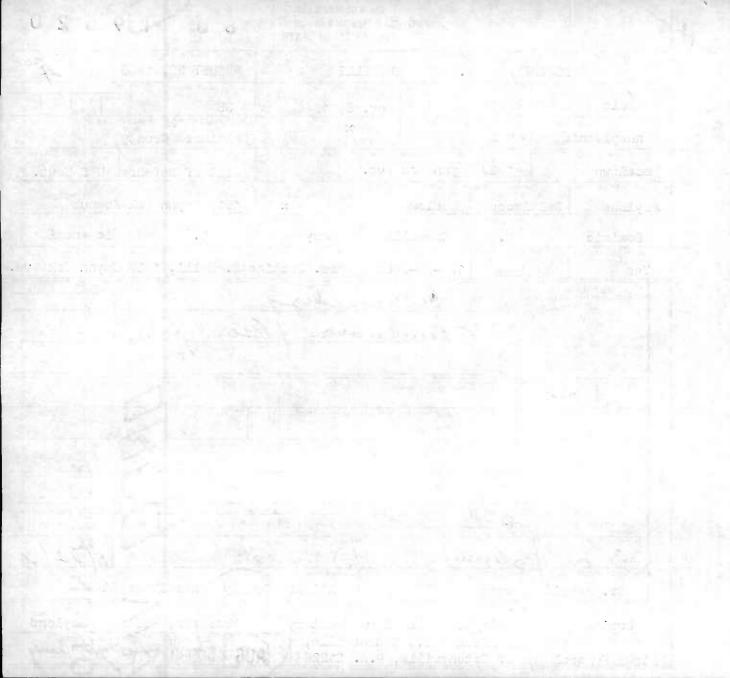
23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cometery

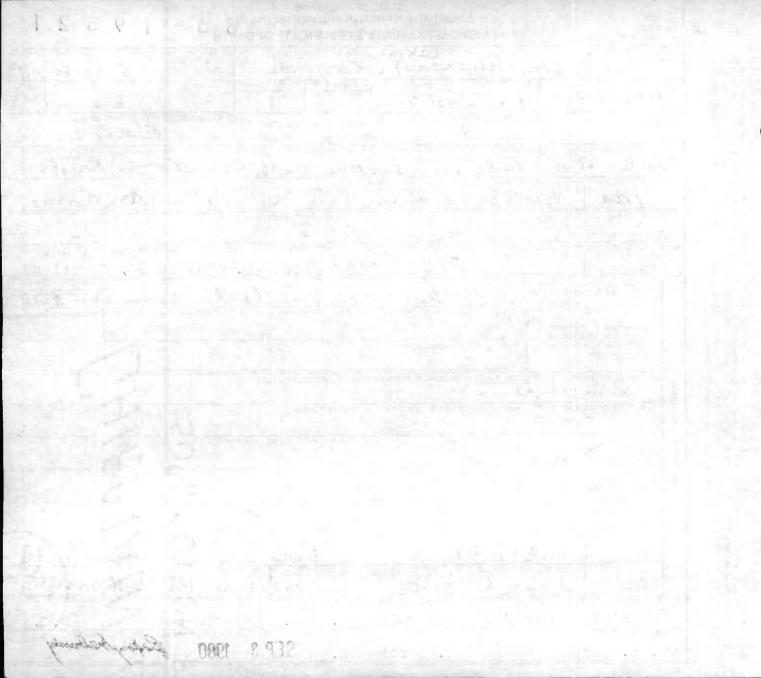
Woodlawn,

Balto

Maryland

Witzke Funeral Home of Catonsville, P.A. 21228 AUG 25 1980





BP\_

DHMH-16 25M

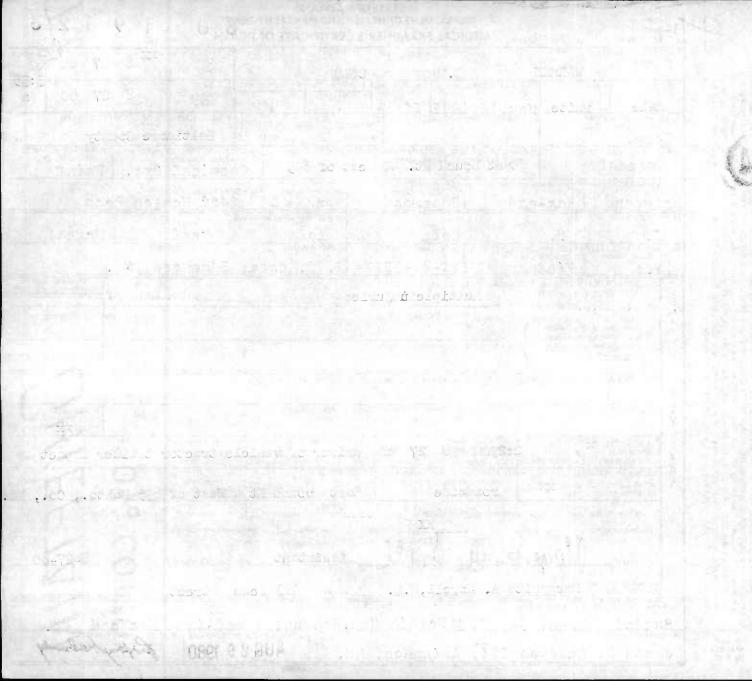
(VRA 15, 4) 1/79

	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	7 -1 -
	1 DEC	EASED NAME FRST	OP	YRIL	C	ohen	20 DATE OF DEATH MONTH	9 1980 18
	3. SE		4 RACE		5 DATE C	OF BIRTH 27, YEAR	6. AGE (IN YEARS LAST BIRTHOAY)	# UNDER LYEAR IF UNDER
	1	FEMALE	WHI	TE	11	XXXX 1900	79 yrs.	MONTHS DAYS HOURS
Mr.		RTHPLACE (STATE OR FOREIGN DUNTRY)		WHAT COUNTRY?		D NEVER MARRIED KX	BALTIMORE CITY OR COUNT	
30	10 CI	VIRGINIA TY OR TOWN OF DEATH	U.S		G HOME C	D DNORCED D	BALTIMORE C	
70		PIKEVILLE		D MANOR N		G HOME	SECRETARY	POLICE DE
35	13a. S	LERESIDENCE (IF NURSING HOME TATE 136 COL MARYLAND	OR OTHER INSTITUTION JNTY	, GIVE RESIDENCE BEFORE 13c. CITY OR TOWN BALTIMOR	N	130. INSIDE CITY LIMITS?	13. STREET ADDRESS 3809 CLARKS LAN	E #21
20	14. FA	THER'S NAME HARRY	MIDDLE	COHEN		15. MOTHER'S MAIDEN NA/ FIRST ESTHER	MIRÏAM	WEINSTEIN
2	16a V	VAS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, G	ARMED FORCES?	166 SOCIAL SECU 216-40-2			AN P. ROOKLEIN TOWSON BLDG., T	OWSON, MD 2
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one couse per SED BY:	line for (a), (b) and	d (ct.)	e arrest		BETWEEN OMSET AN
		Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause lost	DUE TO, O	R AS A CONTEDUE	NCE OF	rec Brown	all disease	240
	NO	PART 2 OTHER SIGNIFICANT	101		V	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	VEN IN PART 1(0)
9	CERTIFICATION	19a DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YE	E WERE EINIDINGS
- 1		4.00				T WAS TENT OWNED	INCERTI	S, WERE FINDINGS US FYING CAUSES OF DEA ES NO
9		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	DEATH HOUR A	DF INJURY .M. MONTH DA .M.	YEAR		IN CERTI	FYING CAUSES OF DEA
9	MEDICAL CER	OR CONTRIBUTING CAUSE OF D	DEATH HOUR A	M. MONTH DA	19		YES NO Y	FYING CAUSES OF DEA
9		OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMINE 214. IN JURY OCCURRED WHILE NOT WHILE	PERN HOUR A PR)  21e PLACE (AT HOME, ST	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F. The deceosed from	19 ARM, ETC.]	211 LOCATION STREET	YES NO TY	FYING CAUSES OF DEA ES NO PART 1 OR PART 2)  COUNTY  1852, that (1)
9		OR CONTRIBUTING CAUSE OF C (IF ETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (I) (this had sow the deceased alone obove. (I) (well did y and 22b. SIGNATURE	DEATH HOUR A P 21e PLACE (AT HOME, ST  poital) attended it on August View the body	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F. The deceosed from	19 ARM, ETC.]	211. LOCATION STREET  211. LOCATION STREET  ATTENDING PHYSICIAN	YES NO NI NI CERTI	FYING CAUSES OF DEA ES NO PART 1 OR PART 2)  COUNTY  1852, that (1)
9		OR CONTRIBUTING CAUSE OF C (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. IN JURY OCCURRED WHILE NOT WHILE 2 AT WORK 2 22a.1 certify that (I) (this has sow the deceased object obove, (I) (well (did)) and	DEATH HOUR A P 21e PLACE (AT HOME, ST  poital) attended it on August View the body	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F. The deceosed from	19 ARM, ETC.]	211 LOCATION STREET  211 LOCATION STREET  211 LOCATION STREET  212 LOCATION STREET  ATTENDING PERREE ATTENDING PRISICIAN	YES NO NI NI CERTI YES NO NI YI RED (ENTER NATURE OF INJURY IN ITEM 18,  CITY OR TOWN  To 29  death occurred on the date and had	PART I OR PART 2)  COUNTY  COUNTY  10  22c DATE/SIGNET  22c DATE/SIGNET
9	WEDICAL WEDICAL	OR CONTRIBUTING CAUSE OF C (IF ETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (I) (this had sow the deceased alone obove. (I) (well did y and 22b. SIGNATURE	PEATH HOUR A P  21e PLACE (AT HOME, ST  POINT) VIEW 1h Sody  CORPRINT)  E OR PRINT)	M. MONTH DAM.  OF INJURY REET, FACTORY, OFFICE, F.  The deceosed from  Ofter deoth.  198  23c N	ARM, ETC.)  ARM, ETC.)  ARM, ETC.)  ARM, ETC.)  ARM, ETC.)  ARM, ETC.)	211 LOCATION STREET  211 LOCATION STREET  211 LOCATION STREET  212 LOCATION STREET  ATTENDING PERREE ATTENDING PRISICIAN	YES NO NINCERTING CITY OR TOWN  A CITY OR TOWN  YES NO NINCERTING CITY OR TOWN  IN CERTING YES NO NINCERTING YES NINCERT	PART I OR PART 2)  COUNTY  COUNTY  10  22c DATE/SIGNET  22c DATE/SIGNET

STATE OF MARYLAND

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01.	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	. 9 3
14	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	, 2 9
	DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN DE MONTH DA OF ESTI-	Y YEAR 26. HOUR
STREET,	WARREN DOYCE COLE	
3. S	EX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS   IF UNDER 1 YR.   IF UNDER 24 HRS. 26. DATE MONTH DAY HONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED 8. 27	
120	male white Nav 16 1947 32 YRS.  BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 8. DEAD  18. CITIZEN OF WHAT COUNTRY? 8. DEAD  9. BALTIMORE CITY OR COUNTY OF	19 M
70	Tenn.    Married   Never Married   Baltimore County   Baltimore County	
	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b.	KIND OF BUSINESS
00		or industry aint
130.	UAL RESIDENCE (IF IN NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136 COUNTY 136 CITY OR TOWN ARYLAND HARFORD Edgewood YESEX NO 2409 Hanson Roa	d
740	FATHER'S NAME  15. MOTHER'S MAIDEN NAME  PIPST MIDDLE  LAST MIDDLE  MIDDLE	LAST
(()		aters
2 100	Was deceased ever in u.s. armed forces? (YES NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  Yes Vietnam 288-40-5377 J. D. Cole, Edgewood, Md.	
	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PARTIDEATH WAS CAUSED BY: Multiple injuries	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o) MOLFOLD THE TOTAL OF THE	
REMOVAL.	Conditions, if any, which	
EXO	gave rise to immediate (b)  cause (a) stating the under-	
-	lying cause last.	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).	
BURIAL, CREMATK		
MEDICAL CERTIFICAT	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	AUTOPSY?
1	216. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	YES XX NO [
		impact
MEDICAL	214. INJURY OCCURRED  216. PLACE OF INJURY (AT HOME. 21f. LOCATION  STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN COUNTY	STATE
	WHILE NOT WHILE XX STREET, FACTORY, FARM, ETC.)  AT WORK AT WORK roadside  STREET FACTORY, FARM, ETC.)  STREET FOR TOWN COUNTY  East bound Rt 40West of 695 Balton	o. Co. Mo
2	22a. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . Inquiry .	
25	death resulted fram: Natural causes :, Accident XX, Suicide :, Hamicide : Undetermined manner :,	
ARTE	ACTUAL TITLE (SPECIFY)	0
KE.	SIGNATURE MEDICAL EXAMINER SIGNED_	8-27-80
230.	EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street	
	BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY	STATE
	Burial Aug. 30, 19 80 BelAir Mem. Gardens BelAir Hanfond FUNERAL DIRECTOR 1250 DATE REC'D. BY REGISTRAR 1250, REGISTRAR'S SIGNA	L Md.
H	NAME ADDRESS ALLO O COLOR	
lu (	oward K. McComas III, Abingdon, Md.   AUG 29 1980	/



03.77.00		37 100 55 1 41	
		TOOL STIFUL	13
70 - 04	146	U.S. P. L.	
	ALLS ADMINIS	au astal Saffa	
A decision	A STATE OF THE SECOND	STATE TO A	7 2 3
FERT	Test Little Bar	I was tall and	La Nati-
L. AMERICA	14.0 116.0 1613	KALAR-SA FITAGO	41
1.5		Land Acade	
Year			
			45.7
		1	
10.77	Walter Property		

completely filled in by the funeral s 1 and 2 should be filed within 72.

and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumatic

shows ony

arked or Item 18

STATE OF MARYLAND				
	63	13	0	-

1 -	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYD	SIENE 8 0	NO.	9 5	2 5
	CEASED NAME FOR PRINT)	FIRST	1	AUGHAN		Cook	2a. DATE OF DEATH	£*/	2 80	26. HOUR / 40 A
. SE	FEMALE		Caus,	MN	5. DATE C		6 AGE (IN YEARS LAST	YRS.	IF UNDER 1 YEAR	HOURS MIN.
3 R	ITY OR TOWN OF DEA	RGINIA	U.S.	OSPITAL, NURSING			BALTIMORE CITY BALTO.  120 USUAL OCCUPA (TYPE OF WORK FOR MOS	Coun	174 176 KIND O	MD. F BUSINESS OR
JSU  30. !	lowson ALRESIDENCE (IF NURS STATE Maryland	13b COUNT		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN TOWSON		13d. INSIDE CITY LIMITS? YES NO 29	130. STREET ADDRES 8430 B	S	Valley	Court
4. F	John	Ec	lgar	Beard		15. MOTHER'S MAIDEN NA Sallie	WE		Vaugha	in
	WAS DECEASED EVER YES, NO OR UNKNOWN) NO	(IF YES, GIVE W	VAR OR DATES)	228-38-0	295	Mrs Eleanor		B. Cha		-
7	18 CAUSE OF DEATH W	IMMEDIATE	CAUSE (6)	ine to o lb), ond	11101	The Res	p ane	15	APPROXI BETWEEN C	MATE INTERVAL DISET AND DEATH
	Conditions, if any, gave rise to improve (o), statin underlying cause	nediote ig the	DUE TO, OF	AS A CONSEQUE		rotion INE	mmaia		76	) N
NOI		CNA	- A	SOUD.		NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIVE	EN IN PART 1(c	)
CERTIFICATION	19a. DATE OF OPERA		7,7,0-6,7		OPERATIO	N WAS PERFORMED	200 AUTOPSÝ?	IN CERTIFY YES	, WERE FINDIN YING CAUSES	
MEDICAL CEI	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION OF C	CAUSE OF DEATH	P.A	A. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	DURY IN ITEM 18, PA	ART 1 OR PART 2)	
MED	21d. INJURY OCCURE WHILE NOT WI AT WORK AT WO	HILE 🗀	21¢. PLACE C (AT HOME, STRI	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	21f. LOCATION STREET	CITY OR 1	own	COUNTY	STATE
	22s 1 certify that (1) saw the decease above, (1) (wested				0/ or	nd that in (my) ( <u>cur) opi</u> nion	death occurred on the	date and hour		that (I) (we) lost couses stated
	726 SIGNATURE	. 1	///	10 11	1	DEGREE	MEDICAL SI	AFF	27r DATE	SIGNED

DHMH - 16 60M 7/73 (VR A 15 (4))

TO FUNERAL DIRECTOR: After the should be detoched for use as the with the State Dept. of Health and MPORTANT: If Hem 21 is

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 8-15-1980

23c. NAME OF CEMETERY OR CREMATORY Linville Creek

22e. ADDRESS

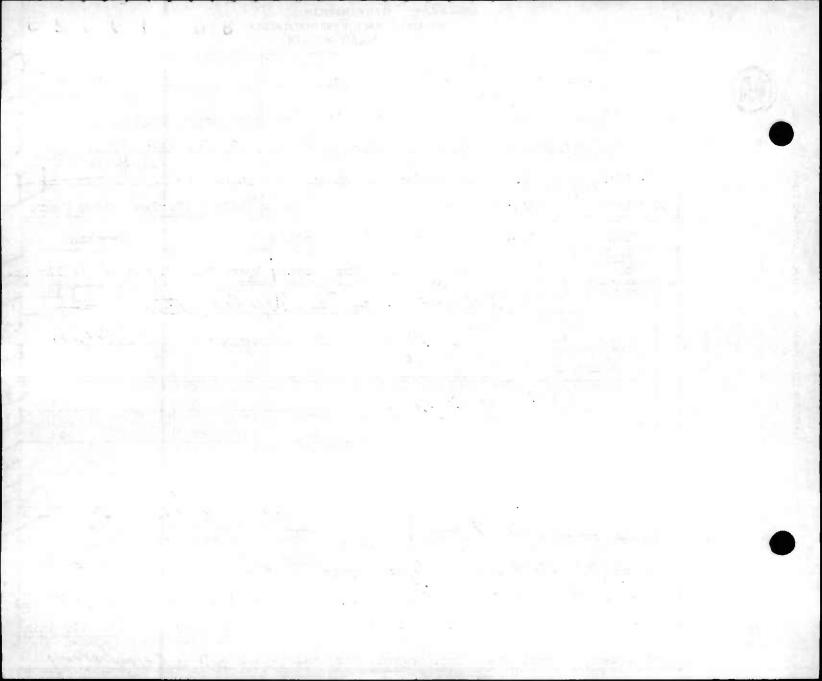
23d. LOCATION
CITY OR TOWN
Broadway

LOUNTY

Virginia

24 FUNERAL DIRECTOR

ADDRESS 1050 York Road Ruck Towson Funeral Home, Inc. Towson, Maryland All



•	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OF ATTENDING PHYSICIAN retained by the hospital or attending physician.	TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page retained by the hospital or attending physician.
TO FUNERAL DIRECTOR should be detached for use with the State Deot. of Hea	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page should be detached for use as the burinal-transition permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after deat with the State Debt. of Health and Mental Husiene prifer to burial cremation. Or removal.

		CEASED NAME	ichard		rnard		OOK		August	MONITH 24, 19	980	26. HOUR 8:30a
	3 SE	x	4	RACE		5 DATE C			. AGE (IN YEARS LAST BIR	THOAY)	MONTHS DAYS	IF UNDER 24 HI
ouce	-	ale		Whit		11		85	51	YRS.		7.00.00
35	C	RTHPLACE (STATE OR F OUNTRY) Cennsylva		USA	VHAT COUNTRY?	MARRIE	D NEVER MARRIE	ED U	Baltinore City of		County	
37	100	OSSVille		(IF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)	or other institution		12r USUAL OCCUPAT (TYPE OF WORK FOR MOST O Ins. Agen	OF WORKING L		
35		AL RESIDENCE (# NUR STATE [arvland			GIVE RESIDENCE BEFORE 13c. CITY OR TOWN  Fuller		13d. INSIDE CITY LIM		3r STREET ADDRESS 4558 Ric	ige F	Road	
	14 F/	ATHER'S NAME	MIO	DDLE	LAST		15. MOTHER'S MAID	EN NAM			LA	er
30		Clarence		W	Cool	c	Laur	ra	MIDDLE		_	kowsk
7		WAS DECEASED EVER			166 SOCIAL SECU	RITY NO	17 INFORMANT .		ADDR	ESS		
event, me	,	Yes			214-24-9	9203	Caroline	D.	Cook 4	558 F	Ridge F	Road
or other traumatic		Conditions, if any gove rise to im cause (a), stati	mediate ng the	DUE TO OR	AS A CONSEQUE	t thr	rombosis, 1 and left ci	rcum	flex		11 2.00	uontim.
any injury, or other	ATION	gove rise to im cause (a), stati underlying cause PART 2 OTHER SIG	mediate ng the e last. NIFICANT CO	DUE TO, OR (c) My	th recen as a conseque rocardial	t thr NCE OF A Infa	nd left cirction, re	cent	flex , left ven	trica	al and s	(a)
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any injury, or under	ICAL CERTIFICATION	gove rise to im cause (a), stati underlying cause PART 2 OTHER SIG	mediate ng the e last.  NIFICANT CO  TION  DERLYING CAUSE OF DEATH CALEXAMINER)	DUE TO, OR  (c) MY  INDITIONS CO  196 CONDIT  216 TIME OF HOUR A.M. P.M.	AS A CONSEQUE COCARDIAL MIRIBUTING TO DE TION FOR WHICH A. MONTH DA	t thr	nd left ci rction, re not related to the was performed	ircum ecent	flex , left ven  ALL DISEASE OR COM  200 AUTOPSY?	TTICA  DITION GI  206. IF YE IN CERT Y	AL and S	NGS USED S OF DEATH?
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arked or Item 16 shows any injury, or other		gove rise to im cause (a), statiunderlying cause (b), statiunderlying cause (c), statiunderlying cause (c), statiunderlying cause (c), statiunderlying (c),	mediate ng the e lost.  NIFICANT CO  ATION  CAUSE OF DEATH CAL EXAMINER)  RED  (Ithis hospital and dive an	DUE TO, OR (c) MY NDITIONS CO  196 CONDIT  216. TIME OF HOUR A.M P.M  216. PLACE C (AT HOME, STRE	AS A CONSEQUE TO CARDIAL TO THE PROPERTY OF TH	t thr  INCE OF A  Infa  OPERATIO  OPERATIO  AY YEAR  19  ARM, ETC.  AUGUS  80	INCOMPLETED TO THE CONTROLL TO	ecent remains	flex , left ven  AL DISEASE OR CON  280 AUTOPSY?  YES NO  CITY OR TO  AUGUST	trica  206. IF YI IN CERT IN CERT IN TEM 18.	es, were findi ifying cause: yes (2) 	NGS USED S OF DEATH? NO STATE
Item 21 is marked or Item 18 shows any injury, or other		gove rise to im cause in stati underlying cause in underlying in under	mediate ng the e lost.  NIFICANT CO  ATION  CAUSE OF DEATH CAL EXAMINER)  RED  ATION  (Ithis hospital and dive an add) (Ithis hospital  Churchian Canada (Ithis hospital)	DUE TO, OR  (c) My  INDITIONS CO  196 CONDIT  216 TIME OF HOUR A.M P.M  216 PLACE C (AT HOME, STRE	AS A CONSEQUE TO CARDIAL TO THE PROPERTY OF TH	t thr  INCE OF A  Infa  OPERATIO  OPERATIO  AY YEAR  19  ARM, ETC.  AUGUS  80	INCLUDENCE TO THE COLOR OF THE	ecent retermin	flex , left ven  AL DISEASE OR CON  280 AUTOPSY?  YES NO  CITY OR TO  AUGUST	Trica  20b. IF YI IN CERT Y WN  24  ate and ha	el and s  ES, WERE FINDI IFYING CAUSE YES (2)  COUNTY  COUNTY  19 80  Jur and from the	NGS USED S OF DEATH? NO STATE
is marked or Item 18 shows any injury, or other	MEDICAL	gove rise to im cause (a), statiunderlying cause (b), statiunderlying cause (c), statiunderlying cause (c), statiunderlying cause (c), statiunderlying (c),	mediate ng the e lost.  NIFICANT CO  ATION  CAUSE OF DEATH CALEXAMINER)  RED  MIRE  AME (TYPE OR ME)  Chyu, M	DUE TO, OR  (c) My  INDITIONS CO  196 CONDIT  216 TIME OF HOUR A.M. P.M.  216 PLACE C (AT HOME, STRE	AS A CONSEQUE TO CARDIAL TO THE PROPERTY OF TH	t thr  INCE OF A  Infa  OPERATIO  OPERATIO  AY YEAR  19  ARM, ETC.  AUGUS  80	INCLUDING THE ATTEMPT OF THE ATTEMPT	E TERMIN  DOCCURRE  80  DOING  DING	flex , left ven  ALDISEASE OR CON  200 AUTOPSY?  YES NO  CITY OR TO  AUGUST  oath occurred on the design of the control of the	Trica  20b. IF YI IN CERT Y WN  24  ote and ha	es, were finding the part 1.  Es, were finding cause:  Yes (2)  County  County  19 80  220. DATE  8/2	NGS USED S OF DEATH? NO STATE that (h (we) h couses stated SIGNED

into Kienell and I direct smill limb as the color of attitue of The bas south Seet 2 2 no told a promit to bruit. the training of the continue to the continue t

n t Silver and district the contract of the co

in 24 havrs after death Page though by the funeral director should be filed — then 72 have after ermust be notified at ance.	10. CI USU/ 13a. S	Md Md
LITIMORE, MARYI  e be executed with cian and campletel ers. Pages 1 and 2 s 1.	16a V	THER'S NAME FIRST James VAS DECEASED EVER (ES, NO OR UNKNOWN) Yes
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death retained by the haspital an attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fandal be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.  IMPORTANT: If them 21 is marked or them 18 shows any injury, or ather traumatic event, the medical examinermust be natified at ance.	MEDICAL CERTIFICATION	18 CAUSE OF DEAT PART I. DEATH W  Conditions, if ony gove rise to im- cause 101, statin underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERA  7/16/8  21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. IN JURY OCCUR WHILE NOTIFY MEDIC 21d. IN JURY OCCUR WHILE NOTIFY MEDIC 21d. IN JURY OCCUR WHILE NOTIFY MEDIC 22d. SIGNATURE  22d. PHYSICIAN'S N.
E = L 0 / 5	23a. B	URIAL, CREMATION.

DHMH - 16 50M 1/76 (VR A 15 (4) )

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH	NE 8	0	- 1	9	5	2	7
CERTIFICATE OF DEATH		REG. N	10.				
LAST	2. DATE	OF DEATH	MONTH	DAY	VEAD	26 110	SLID

1 -	FOR STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	19	5 2 7
	CEASED NAME FIRST		WIDDLE		LAST	20. DATE OF DEATH M	ONTH DAY Y	ZEAR Zb. HOUR
	James James	п	enry	COR	RIGAN	AUGUST 1	1, 1980	9:22 a
3 SE	Male	4 RACE Whit		5. DATE (	OF BIRTH THE DAY YEAR	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER	1 YEAR IF UNDER 24 HRS DAYS HOURS MIN
		WILL	е		gust 17 1898	81	YRS	DATS FICORS MILE
	RTHPLACE (STATE OR FOREIGN DUNTRY)		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR		
	Md.	USA		WIDOW	ED DIVORCED	BALTIMO	RE COUNTY	Y M
10. CI	TOWS ON	(IF NOT IN SUC	HOSPITAL, NURSIN THEACHITY, GIVE STREET. JOSEPH HO	ADDRESS)	or other institution L	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Y Ret Sales R	WORKING LIFE) INDL	(IND OF BUSINESS O
USU/ 13a. S	AL RESIDENCE (IF NURSING HOME TATE Md	OR OTHER INSTITUTION UNITY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimo	N	13d. INSIDE CITY LIMITS? YES K NO	13e STREET ADDRESS		spring Rd.
14. FA	THER'S NAME FIRST  James	MIDDLE	Corrigan		15 MOTHER'S MAIDEN NA. Winifred	ME	Burch	LAST
160. V	VAS DECEASED EVER IN U.S. A		166 SOCIAL SECU		17. INFORMANT	ADDRES	S	
,	Yes, NO OR UNKNOWN) (IF YES, G	1 WAR OR DATES)	218 01 1	151A	Cleta F. Cor	rigan Sa	ame	
NC	underlying couse last.  PART 2. OTHER SIGNIFICANT	(c)	r as a conseque  Pyelonepl  Ontributing to E	nriti		LINAL DISEASE OR COND	ITION GIVEN IN PA	ART 1(p)
MEDICAL CERTIFICATION	19a DATE OF OPERATION  7/16/80  71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CURF EITHER, NOTIFY MEDICAL EXAMINE 71a IN JURY OCCURRED	Carc.  21b. TIME C HOUR A. R) P.	inoma of  FINJURY M. MONTH DA M.	prost	ATE & OBSTRUC	tionX NO	YES 🗌	NO [
MED	WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUN	TY STATE
	220.1 certify that A (this has saw the deceased alive a above. M (we) (did) M: 22b SIGNATURE	August Sview the body	t 11 19	80	nd that in () (our) opinion of DEGREE  ATTENDING PHYSICIAN [22e. ADDRESS]	to August 1  death accurred on the date  MEDICAL STAFF  DIRECTOR   PHYSICIA	224.	, IIIOI (we) IOS
22- 0	Henry URIAL, CREMATION, REMOVA	S. Cris		(AME 05 0	7620 York	Road, Towson	, MD 2120	04
(5	Burial	23b. DATE 8/13/			Redeemer Cemet	ery Balto	COUNTY	Md.
	NAME Chell-Wiedefe	ld Home	ADDRESS 6500 York	Rd.	250. DAT	E REC'D. BY REGISTRAR 25	b. REGISTRAR'S SIG	GNATURE

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## DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. retained by the hospital or

and completely filled in by the

any injury, or other traumatic event,

Shows

IMPORTANT: If Item 21 is marked or Item 18

STATE OF MARYLAND

1	- STATE REGISTRAR			DEPART		ICATE OF D		IENE S	REG. N	0.	9	\$	60	Q
	CEASED NAME	FIRST	A	AIDDLE	L	AST		2e DATE C			AY Y	EAR	2b. HOU	JR /
1111		NGELA		C	OTSO	RADIS		ĺ		08/02	/80		10	10
3 SE			RACE		5 DATE C	OF BIRTH		& AGE (IN	YEARS LAST BIRT	HOAY)	IF UNDER		IF UNDER	
	Female		White	9	7	7 DAY	OO	8	30	YRS.	ONTHS	CAYS	HOURS	MIN
	IRTHPLACE (STATE OR F	OREIGN 7h	CITIZEN OF	WHAT COUNTRY?	1	D NEVER M	400ED []	9 BALTIM	ORE CITY O	R COUNTY	OF DEA	TH		
	Greece		USA		WIDOWE		ORCED	BAL	OMIT.	RE CO	UNT	Y		ME
10 C	BALT I MO		(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET Balto.	ADDRESS)		ITUTION	(TYPE OF WO	OCCUPATION FOR MOST OF	F WORKING LIFE		IND O	FBUSIN	ESS OR
USU 130.	AL RESIDENCE (IF NUR. STATE Md.	13b COUNTY		GIVE RESIDENCE BEFORE 136 CITY OR TOW Balto.		134 INSIDE CI	TY LIMITS?	13. STREET 9517	ADDRESS Perry	Hall	Blvd	i.		
14. F.	Steven	MID	OLE	George			MAIDEN NA/	ME	MIDDLE			LAS1		
	WAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARME (# YES, GIVE WA		217-24-9		17 INFORMAL	NT		ADDRE	\$\$				
	PART I. DEATH W	AS CAUSED	SY	line for (a), (b), and		ic as	lock				06	IPPROXI	MATE INTE	PVAL
	Conditions, if ony gove rise to improve couse 101, statu	mediate	DUE TO, OI	R AS A CONSEQUE	ENCE OF	rute ?	nyeca	rdis	l voife	exction	t	30	ver	RES
	underlying cause	NIEICANT COL	(c)	Colona	ry v	oury.	TO THE TERM	ELL DISEA	SE OR CON	DITION CIVI	ENI INI DI	ADT 1/a		
Z	TAKE OTHER SIGN	VIII ICAIVI COI	401110143 <u>CC</u>	NATIKIBUTING TO I	DIPATH BUT	INOT KELATED	TO THE TERM	IIIAME DISEA	SE OR COIN	DITION GIVE	IN HA FA	AKT ITO		
CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOI	RMED	20a AUT	OPSY?	20h. IF YES IN CERTIFY YES				TH?
	21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH	21b. TIME O HOUR A./	M. MONTH DA	AY YEAR	21c HOW IN.	IURY OCCURE	RED (ENTERN	ATURE OF INJUI	RY IN ITEM TS, PA	ART I OR PA	ART 2)		
MEDICAL	214 INJURY OCCUR WHILE NOT WAT WORK AT WORK	RED HILE	21e PLACE (	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC )	21f LOCATIO STREET	Ν		CITY OR TOV	VN _	COUN	TY	S	TATE
	220 I certify that (1) saw the leceas	,	attended the	80 19	Davi.	and that in (my)	aur) opinion o	death accurr	ed an the de	ate and haur	and fra	m the c		we) lost oted
	22b. SIGNATURE	Fair	cen			MD A	TENDING	MEDICAL	STAI		22c.	BATE S	2	90
	Stephe	AME (THE OR PR	AIKE	N MD.		680	15 Va	ork	Rd.	Bay	1t.	2	12	12
23e	BURIAL, CREMATION,	REMOVAL	23b. DATE	23€ 1	NAME OF C	EMETERY OR C	REMATORY	23d. LOC	ATION	-				

DHMH-16 25M (VRA 15, 4I 1/79

23e BURIAL, CREMATION, REMOVAL 23b. DATE Removal

24 FUNERAL DIRECTOR

Anatomy Board

8/2/80

Balto., Md.

23d. LOCATION CITY OR TOWN

COUNTY

AND HE RECP. STREET STRAN IN RESIDERAR STEET

STATE

ANGELA COTSORADIS 08/02/80 10:10.

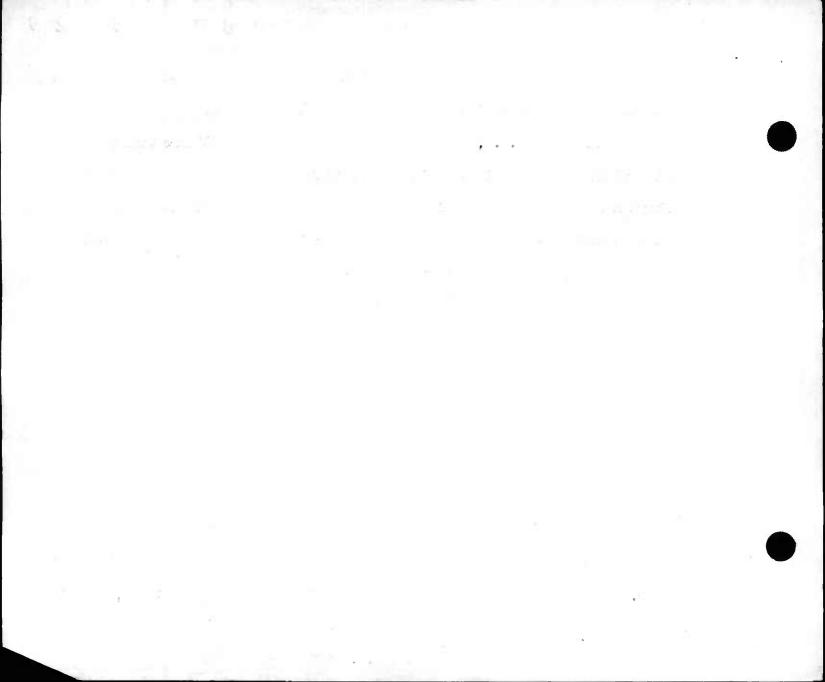
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		4	1-	FOR STATE REGISTRAR			DEPAR	TMENT OF H CERTIF	EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8	REG. NO	. 1	9	7 5	2	9
			I. DEC	EASED NAME	FIRST	A	AIDDLE	L	AST	2a DATE OF I			DAY	YEAR	2b. HO	UR
y be	deoth		,		Mabel	В	•	C	ovell			08	20	80	3	:45A
mo)	ofter d		3 SEX			4 RACE		5 DATE C		& AGE INYEA	RS LAST BIRTH	DAY)	IF UNDE	R I YEAR	IF UNDER	R 24 HRS
ge 4	5	3/		'emale		Caucas		09	26 91		88	YRS				,
9	Po Po	2	70 BI	RTHPLACE (STATE		76 CITIZEN OF	WHAT COUNTRY	MARRIE	NEVER MARRIED	9 BALTIMOR	E CITY OF	COUNTY	OF DE	ATH		
deor	3/ Vi	2			land	U.S.A		WIDOWE				re Co				MD.
s ofter by the f	No.	10	11	tonsvil		(IF NOT IN SUC	H FACILITY, GIVE STRE	ET ADDRESS)	atonsville	TYPE OF WORK F	QR MOST OF		E) JND	KIND O USTRY COMO		
hour n	.D		USU/ 13a. S	L RESIDENCE (	IF NURSING HOME OF	OTHER INSTITUTION,	GIVE RESIDENCE BEFO		134 INSIDE CITY LIMITS?	13m STREET AL	DDRESS					
n 24 fille	poold r.must	35	M	aryland			Elkrid		YES NO 🔀	6739		loo F	load			
within letely	12 st	20	14. FA	THER'S NAME FIRST		MIDDLE	LAST		IS MOTHER'S MAIDEN NA	ME	MIDDLE			LAS		
ed v	ond	50	S	tephen			Ward		Annie					Burt		
xecul	Poges I	5		AS DECEASED	EVER IN U.S. AR	MED FORCES?	166 SOCIAL SEC		17 INFORMANT Elli				104	_		
be e		1	n	0		71	218-26-	-9896	Mrs. Lillian	Russell	L, 79:	29 Ja				
ote	on popers emayal event, the	- 1		18 CAUSE OF	DEATH (Enter or	lly one cause per	line for yor, ibi,	0						APPROXI	NATE INTE	RVAL DEATH
ertific g ph				161		E CAUSE (a)	9/12	1-19	101209-							
equires that the death certificate in signed by the attending physici	ose remove corb , cremation, or other troumatic			706		DUE TO, OI	AS A CONSEC	UENGE OF	1 Wenns	Poli	116	m	/			
e dec	nove			Conditions, if gave rise to		(b)	6/2		11/11/1	0000	EJO	1	-			
t y	crem other			couse (a), underlying		DUE TO, OF	R AS A CONSEQ	UENCE OF				0				
ed b	pleo.			PART 2 OTHER	SIGNIEIC ANT /	(c)	NITRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERA	AINI AI DISEASE	OR COND	ITION CIV	ENI IN I	DART 1		
agus n	rhen to bi njury		NO	T AM 2 OTTE	C SIGNIII ICANII	.014D1110143 <u>CC</u>	ZIVINIBOTINO IC	DEATH BOT	NOT KEEPIED TO THE TEXT	MINAL DISEASE	OK COND	111014 014	[14   4	AKI III		
w re	ony i	<u></u>	CERTIFICATION	I% DATE OF O	PERATION	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	20s AUTOF	SY?	20b. IF YES				
on. hos	ene ows	9	TIFIC	2/8/7	8	CA o	f desce	nding	colon	YES 🗌	NO 🗌	IN CERTIF	YING (	AUSES	OF DEA	
N T nysici	Hygins 18 sh	5	CER		AS UNDERLYING			DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATU	IRE OF INJURY	IN ITEM 18, P	ART I OR	PART 2)		
ICIA 9 ph	entol-t	7	TV:		G CAUSE OF DEA	P.I		19								
TENDING PHYSICIAN ital or attending physical OR After this certifical	d Me	/	MEDICAL	21d INJURY O		21R PLACE (	OF INJURY EET, FACTORY, OFFICE	E FARM FTC )	211 LOCATION		CITY OR TOWN	٧.	COU	NTY	,	TATE
offe offer t	h on		5	AT WORK	AT WORK	(111)		1	01, 78	0	100	2				
NON A	Leolt Teolt				iat (I) (this haspi	1-11	deceased from		7 9 - 10 19	to	1-1-0	0	19	—. ·	hat (I) {	(we) last
Spite	of h			obove, (1) (	eceased alive an we) (did) (did no		ofter death		d that in (my) (our) opinion	death occurred	on the dat	te and hau				
e ho	Ochec Dept			226. SIGNATU	MM	-00	27		DEGREE ATTENDING	MEDICAL	STAFF			DATE		120
by the		_		~	1111	X			PHYSICIAN (	DIRECTOR			0	7-7	0	P
ned by FUNER	d b	II		22d. PHYSICIAN	I'S NAME (TYPE O	R PRINT			22R ADDRESS							
etoin TO F	shoul with MAPO	L			orge An				3350 Wilken			ltimo	re,	MD	21	229
			23a B	URIAL, CREMAT PECIFY) Buri	ION, REMOVAL	23b. DATE 8/22/8			EMETERY OR CREMATORY	23d. LOCAT CITY OR I	own Cimor		COUNTY	aryl	51 51	ATE
ВР			24 E:	DULT	00 4670 1	, ,			Park Cemeter							-
DHM	1-16 20M 5, 4) 7/7		44. 11.	NAME	~ 1030 F	.amona <b>e</b> o	n AVBRS	Latons	sville, Md 25e DA	C 25 10	RU	profit	90	ue Cl	arry	1
(TRANE)	3, 7, 7/1		W	ltzke F	uneral h	nome of	catonsv:	TTT6, I	.A. 21228 AU	ם בט ום	UU	_	N SA	10	L	



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executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director; is should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filled within 72 hours after with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

must be restified of once.

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FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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ı	REGISTRAR		CI	ERTIFICATE OF DEATH	REG. NO.	THE RELEASE OF THE PERSON OF T
Ī	1. DECEASED NAME	FIRST	MIDDLE	LAST	20. DATE OF DEATH MOI	NTH DAY YEAR 26. HOUR PM
I	(TIPE OR PRINT)	Maurice	Α.	Cramblitt	August 24.	1980 4:04
Ī	3. SEX	4 RACE	5. 1	DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	(F UNDER 1 YEAR IF UNDER 24 HRS
l	Male	White	2	May 25, 1913	67	MONTHS DAYS HOURS MIN
- 17	Ta. BIRTHPLACE (STATE OR FORE	EIGN 76 CITIZEN OF	LUCIAL COLLECTIONS 0	ARRIED ENEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH
	Maryland	U.S.A	W	DOWED DIVORCED	Baltimore (	County .
1	10 CITY OR TOWN OF DEAT	H 11. NAME OF		OME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	126 KIND OF BUSINESS O
5	Towson	St.	Joseph's Ho	spital	Insurance	Independent Agent
	USUAL RESIDENCE (IF NURSIN	G HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADM	ISSION)	13e STREET ADDRESS	
)		Baltimore	Towson	YES NO X	1900 Landra	ike Road
Ī	14 FATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN	NAME	LAST
	Unknown	MIDDLE	Cramblitt	Hilda	MIDDLE	Copper
ī	160 WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECURITY	NO. 17 INFORMANT	ADDRESS	
L	No	(IF TES, GIVE WAR OR DATES)	212-03-556	9 Mrs. Virgin	ia R. Cramblit	tt Same as #13.
f	18 CAUSE OF DEATH	Enter only one couse per	line for (a), (b), and (c).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı	PART 1. DEATH WA	S CAUSED BY.	etroperiton	eal hemorrhage	•	
ı	4411		R AS A CONSEQUENCE			
ı	Conditions, if any,			rtic aneurysm		1 7
١	gove rise to imme	diote	R AS A CONSEQUENCE			
١	underlying cause	last (5)	K AS A CONSCOUNCE			
ł		FICANT CONDITIONS CO	ONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDIT	ION GIVEN IN PART 1(a)
	August 12					
1	S 190 DATE OF OPERATION	Evnor		RATION WAS PERFORMED		Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
	August 12	, 1900 aneur		mar aortic	YES D NO	YES NO
٦	21a. ACCIDENT WAS UNDER		M. MONTH DAY		URRED (ENTER NATURE OF INJURY IN	TITEM 18, PART 1 OR PART 2)
1	OR CONTRIBUTING CA	USE OF DEATH	M.	19		
1	(IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE, FARM,	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
1	AT WORK AT WORK		ter, meroni, orrice, rann,			
١	22a.1 certify that N4 (t	his haspital) ottended th	e deceased from Au	gust 12, 19.80		19_80, that Ni (we) lo
1	sow the deceased abave, (the (we) (did	alive an August	24 19 80 after death.	, and that in (my) (our) opini	on death occurred on the date	and hour and from the couses stated
1	226. SIGNATURE	11 / 1	تعت	DEGREE		224. DATE SIGNED
1	A	m 2 cm	A	ATTENDING PHYSICIAN		Aug. 25,1980
1	22d. PHYSICIAN'S NAM	AE (TYPE OR PRINT)		22e ADDRESS		
1	Henry S.	Crist. M.D.		7620 Yor	k Rd. Towson,	Md. 21204
1	23a BURIAL, CREMATION, RE		23c. NAM	E OF CEMETERY OR CREMATOR		COUNTY STATE
1	(SPECIFY) Crematory	Aug.28	,1980 Loud	on Park Cremato		
t	24 FUNERAL DIRECTOR			York Road 25a. D	ATE REC'D. BY REGISTRAR 256.	
	Ruck Towson	Funeral Hom			IG 2 6 1980	Trippy Neber

DHMH - 16 50M 1/76 (VR A 15 (4))

, "..."

A. Alan Seitz Funeral Home 3818 Roland Ave.

FOR - STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/76

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

CERTIFICATE OF DEATH

REG. AUG

12b KIND OF BUSINESS OR

Harford Print,

LAST

mosita

NO F

STATE

YES [

250. DATE REC'D. BY REGISTRAR 256. REGISTER'S SIGNATURE AUG 201980

COUNTY

22c. DATE SIGNED

INDUSTRY

Printer - Hariord Print, In

corpland Balto "firm on 2x 15 E. Timonica Road (21093)

1809704 (C162

276-01-1200 has Carrie Desor-15 S. Handles Md.

Buytal Stry 30 Mondocritons American Election, ward to, "C.

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Sewies Carra

1	FOR - STATE REGISTRAR		DEPARTN	STATE OF MARYLAND IENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 0	19	5 3 2
	ECEASED NAM	AE FIRST	MIDDLE	LAST		MONTH DAY YEAR	2b. HOUR
		Mathias	EMMETI	CUNNINGHAM	August 26	5. 1980	1:00 a
3. 5	EX		RACE	5. DATE OF BIRTH MONTH DAY YEAR	& AGE (IN YEARS LAST BIRTH		YEAR IF UNDER 24 HRS
	196	LE	WhITE	FEb. 18,1902	18	YRS.	
70.1	COUNTRY)	STATE OF FOREIGN 7	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OF	COUNTY OF DEATH	н
10.0	CITY OR TOWN	D. MCI.	1. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	Baltimore		ND OF BUSINESS OF
	Das	ad ast-	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS]	ITYPE OF WORK FOR MOST OF		TRY Towson
USI	UAL RESIDENCE	E IIF NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE BEFORE		NECURITY OF	FICERSTA	EUNIVER
130	STATE	136 COUNT	Y 13c CITY OR TOWN	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	( 4 )	
14 F	FATHER'S NAM	IE /SA	40 FESE	YES NO IN NO IN NA IDEN NA	403 DEL	AWGREH	VE.
1	THRST	N. Pata	DOLE	HARST MARRIA	E / MIDDLE	N-	LAST
160	WAS DECEAS	ED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRES	SS SS	MINE
	IYES, NO OR UNKE			1384 Noc Mano	HACTATE	con los	-Nundl
	100	2	200 00 /	UTRS PARKE	FREI HOLL	SOD GOS	PROXIMATE INTERVAL
	PART 1.	SEATH WAS CALISED	ane cause per line for (a), (b), and BY:			BETW	EEN ONSET AND DEATH
	1,000,000	IMMEDIATE	CAUSE (a) Cardio-pu				
1	3/	89	DUE TO, OR AS A CONSEQUE	NCE OF Gastrointesti	nal Hemorrha	age	
	Conditions	, if any, which		ration Pneumonia			
	gave rise	ta immediate , stating the					
	underlying		DUE TO, OR AS A CONSEQUE	NCE OF		190	
	DART 2 OT	HER SIGNIEIGANIA CO	(c)	EATH BUT NOT RELATED TO THE TERM	had breast on code	CION CHIEN IN DIS	
z						HI ION GIVEN IN PAR	II IIai
CERTIFICATION	IA DATE O	F OPERATION		e Pulmonary Diseas	200 AUTOPSY?	206. IF YES, WERE FIN	IDINICS USES
7 2	170 DATE O	FOREKATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY	IN CERTIFYING CAU	
					YES NO	YES [	NO 🗌
	210. ACCIDEN	IT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART I OR PART	7 2 ]
3		TING CAUSE OF DEATH	HOUR A.M. MONTH DA	19			
MEDICAL		OCCURRED	21e PLACE OF INJURY	211 LOCATION			
ž	WHILE AT WORK	NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC) STREET	CITY OR TOWN	N COUNTY	STATE
			b and deliberate	August 22 10 80	August	26 10 80	11 - 10 ( ) (
	220.1 certify	e deceased alive on_	ill quended the deceased tram	, 19	. 10	7	, that 🎇 (we) las
1	ODGVE,	K (ME) (OIO) ( BOOK	view the body after death.	80_, and that in (M) (aur) apinian	death occurred an the da	le and hour and from	the causes stated
	226. SIGNA	HyRE L	1 4	DEGREE		22c. D.	ATE SIGNED
	1	alkeria	11 thou	e mo attending physician	MEDICAL STAF		- 26-80
1	22d. PHYSIC	IAN'S NAME (TYPE OR	PRINTI	22e ADDRESS	3 DALECTON CO THINGS		0
	1100	Dotminia	A Channe M D	0000 Fl	7.4		0.00
22.	BURIAL COTA	MATION REMOVAL	A. Greve M.D.		lin Square I	Drive 2123	31
130	ISPECIFY)	MATION, REMOVAL	236. DATE 23c N	AME OF CEMETERY OR CREMATORY	CITY OF TOWN	COUNTY	STATE
24.5	DL	RIAL	0-00/180/1	EW AI hEURAL	KJALT	0. 7	149
24	FUNERAL DIRE	11.00	ADDRESS	D 250. DAI	E REC'D. BY REGISTRAR 2	SE. RECOSTRAR'S SIG	Callan In
	A. K	altentos	Melin 5444	DELAIRKA, A	UG 28 19801	7/	

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Secretaria de Anni Profesiones de Santo

APPENDING TO SATSBOARSON STANTAGE

Yana and an and a second and a second and a second as 
MT)	GEORGE	WILLARD	DANCE	August 8, 1	980 2:00
3. SEX	ale	RACE White	Jan 31 1884	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
5		L CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OF COLU	
E 36 M	ryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED X DIVORCED		
- 0	•		IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINES
10. CIT	therville	1517 Norman	AVenue	Carpenter	Self-emp
130. ST Man	ryland Balt	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) N 13d INSIDE CITY LIMIT YES NOT	1517 Norman	
2 2		ott Dance	15. MOTHER'S MAIDER Susar		Jenkin
160 W	AS DECEASED EVER IN U.S. ARA S NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b SOCIAL SECU		S. Dance Luthe	rville, Md.
lease remove corbonpa ial, cremolion, or remov ar other troumotic event	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	estive Hear sclerates Carol NCE OF	t Failure	
	PART 2 OTHER SIGNIFICANT C			TERMINAL DISEASE OR CONDITION	
dygiene prior ta k s shows ony injur	9a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF IN CEI	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES \( \text{ NO } \)
ne buriol-transi nd Mental Hygi d or Item 18 sh	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA	21c. HOW INJURY OC 19	CURRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
2 2 - 1	21d. INJURY OCCURRED	21e PLACE OF INJURY	211, LOCATION		

abave, (I) (Ne) (aid) (did not) view the body after death

Myrton Gaines.

23b. DATE

Johnson 8521

M.D

SIGNATURE

23a BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

MIDDLE

- STATE

TYPE OR PRINT)

REGISTRAR DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20. DATE OF DEATH

MONTH

2b. HOUR

126. KIND OF BUSINESS OR

Self-employe

Jenkins

APPROXIMATE INTERVAL

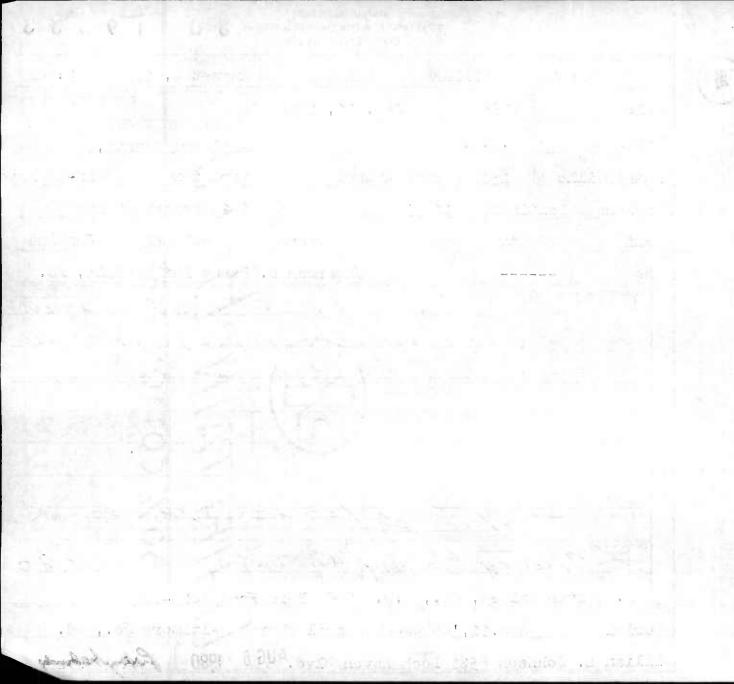
2:00P

IF UNDER 24 HRS

NDITION GIVEN IN PART 1(0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ JURY IN ITEM 18 PART I OR PART 21 COUNTY STATE TOWN PO\_, that (1) (we) lost date and hour and from the causes stated DEGREF PHYSICIAN MEDICAL STAFF 22e ADDRESS 7800 York 825-0688 Waugh Chapel Church Baltimore Co., 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE AUG 8 Loch Raven

DHMH-16 30M 2/80 (VRA 15, 4)

should be detached f with the State Dept. a IMPORTANT: If Item?



2	1.	FOR - STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HI IFICATE OF DEATH	YGIENE 8 0	1 9	5 3 4
(M)		CEASED NAME FIRST	lsie May	DANESIE	LAST	20 DATE OF DEATH August 13		25 HOUR 8:30 PM
lage 4 may rector, beg multiple de once.	3 SE	F	4 RACE		OF BIRTH  YEAR  YEAR	4 AGE (IN YEARS LAST BIR	THDAY) # UNDER I MONTHS D	YEAR IF UNDER 24 HRS DAYS HOURS MIN.
death, s	0	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF W	A MARE	IED NEVER MARRIED [	Daltamana		MD
by the to within	R	OSSVILLE	FRAIN	OSPITAL, NURSING HOME FACILITY, GIVE STREET ADDRESS) KUNU .5	Q.	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	OF WORKING LIFE) INDUS	ND OF BUSINESS OR
AND 215	13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUN		IVE RESIDENCE BEFORE ADMISSION  31. CITY OR TOWN	YES NO P	234	ORVILLE	RO
MARYL unted wit moietely and 2 sho	14 F	ATHER'S NAME FIRST  WM,	MIDDLE SMIT	LAST	IS MOTHER'S MAIDEN N	S/ES MIDDLE	MOOR	LAST
TIMORE, an and co Payer 1.3 Payer 1.3		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? E WAR OR DATES)	6 SOCIAL SECURITY NO	CARMINI	ADDRI		149 12 VERSIDE 1
v requires that the death cert respect by the attenting ph hen please remove carbon pe to burial, cremation, or ren w rijury, at other traumatic	NO	PART I. DEATH WAS CAUSE IMMEDIAN Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR  DUE TO, OR  DUE TO, OR  Co  (c) CC		vith metastasi		IDITION GIVEN IN PAR	RT I(o)
I. The land to the spermit. The land shows a	CERTIFICATION	190 DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPERAT	ON WAS PERFORMED	YES NOXX	206. IF YES, WERE FI IN CERTIFYING CAL YES	INDINGS USED USES OF DEATH? NO []
DIVISION OF VITAL NDING PHYSICIAN attending physician as the burial-transi palit and Mental Hype is marked or I tom 18	MEDICAL CER	710. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M P.M 21e. PLACE O (AT HOME, STREE	. MONTH DAY YEA . 15 FINJURY IT, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	URRED (ENTER NATURE OF INJU	WN COUNTY	Y STATE
ALOR ATTE he hospital or LL DIRECTOR tached for use e Dept. of He		220. I certify that Ju (this haspi saw the deceased alive on above, Juliwe) (did) (did) to 22b. SIGNATURE	I wow the body o	fter death.	DEGREE / (aur) opinion  ATTENDING PHYSICIAN  120 ADDRESS	DIRECTOR PHYSIC	ote and hour and from	
TO HOSPITA retained by the TO FUNERAL should be detained the State IMPORTANT:	230	Oscar Ram  BURIAL CREMATION REMOVAL SPECIFY)		16/80 231 NAME OF	CEMETERY OR CREMATOR	klin Square E	or., 21237	STATE
4506 DHMH-16 25M (VRA 15, 4) 1/79	24 F	UNERAL DIRECTOR	19.	ADDRESS 300 MAC	25a. D	AUG 1 8 198	25b. REGISTRAR'S SIG	

F 6 6 P | U 8 78-79 TAILER DESCRIPTION OF THE PERSON OF THE PERS SAME FREE TO STATE TO SAME The state of the s AN BUYERSHIM AND AND AND AND MALE STATE and the second teachers and the second 0801 8 1980 February 1 1980 Fe tely filled in by the funeral director, should be filed within Z2 hours after

ned by the attending

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5

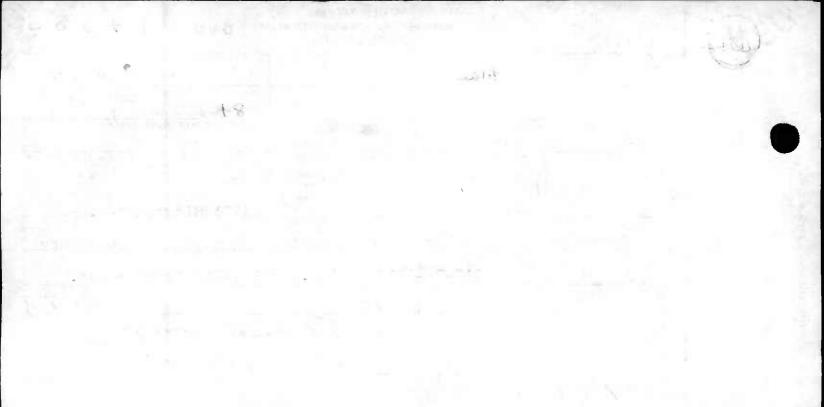
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
I	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
ļ	1200000	71.000	pavie		23 70 1930 M
l	3 SEX Famale	Neg Rod	DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS HOURS MIN
ŀ		7 CITIZEN OF WHAT COUNT	12 25 99	BALTIMORE CITY OR COL	INTY OF DEATH
	COUNTRY) O	USA	MARRIED C. NEVER MARRIED WIDOWED DIVORCED		MD.
	BALTO.	(IF NOT IN SUCH FACILITY, GIVE S		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)  HOUSE WIFE	NG LIFE) 12h. KIND OF BUSINESS OR INDUSTRY
	USUAL RESIDENCE (IF NURSING HOME OF 130, STATE 133, COUN IN FATHER'S NAME	OTHER INSTITUTION, GIVE RESIDENCE I	TOWN 13d. INSIDE CATY LIMITS	13. STREET ADDRESS 4721 Midwo	ood Ave
4	FIRST	AIDDLE LAST	FIRST	WIDDLE	LAST
1	Alexander	Butle			Mondowney
	160 WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (# YES, GIVE	WAR OR DATES)	4-2616 Paul S.	ADDRESS Davis 4716 Iva	nhoe Ave.
	Conditions, if ony, which gave rise to immediate cause lost		WH EQUENCE OF July	analhean	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART 2 OTHER THE AND T		TO DEATH BUT NOT RELATED TO THE T	20a AUTOPSY? 20b I	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
	00.000.000.000.00		DAY YEAR	YES NO	YES NO
	OR CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTHEY MEDICAL EXAMINER)  21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	the licentify that III this hospit to the deceased alive on above, III (we) idid and and	d. 15-		ian death accurred on the date onc	hour and from the couses stated
	0/1/19	eliens	MO ATTENDIN		1231W
	SK KK	ATIANT	270 ADDRESS	to Fall St	If Del Rate
	230. BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial	8/28/80	Arbutus Mem. P	CITY OR TOWN	CO. MD
10					

DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic

TO FUNERAL DIRECTOR: After this certificate has been signed by the attent should be detached for use as the burial-transit permit. Then please remove car with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

24 FUNERAL DIRECTOR
Wm. C. I 1101 E. North Aye. C. March F/H



			FOR				ARYLAND AND MENTAL H	YGIENE C		Q 141	. 3	6
	N		STATE REGISTRAR	MEI	DICAL EXAMIN	NER'S C	ERTIFICATE O	F DEATH	REG. NO.	7 ~	, 0	,
	26000		CEASED NAME FIRST E OR PRINT) WILL	[AM	C.	DE	AN, SR	OF	ECTI U	8 4	YEAR 19 80	BUSINESS ISTRY LION  BUSINESS ISTRY LION  AATE INTERVAL  AATE INTERVAL  ASSET AND DEATH  STATE
	STREET	3. SEX	ale white	Jan. 25	1920 6. AGE (IN Y	EARS IF UNDAY) MONTH	DER 1 YR. IF UNDER	24 HRS. 2c. DAT MIN PRONOU DEAL	NCED	8 4	YEAR 19 80	ल सम्म
	VECESSARY CUNERAL DI S FOR YE WITHIN TO V. PRESTON	7a. BI	RTHPLACE (STATE OR PEGGN COUNTRY)	76. CITIZEN OF WH		8. MARRI WIDOW		9. BALTIA	imore Co			PN
	THE PAGE 1301 V		TY OR TOWN OF DEATH	11. NAME OF HOSE  (IF NOT IN SUCH FACE  (CAT) MI	PITAL, NURSING HOM CUITY GIVE STREET ADDRESS) dd.Lesex Sh	E, OR OTH	ER INSTITUTION	120. USUAL OCCU	PATION (TYPE OF	WORK 117h KI	IND OF BUS R INDUSTR	MD SINESS Etion
101	IF ANY DELA	USUA	L RESIDENCE (IF IN NURSING HOME			(N)		136. STREET ADDR 1055	ESS Mana			
MD. 21201	AL 32,2	_	THER'S NAME	nes Dean	LAST		15. MOTHER'S MAIDE	NAME	widdle ders	n Aver	LAST	
BALTIMORE,	18. GIVE PAGES 1, WITH FORM PM T PAGES 1 AND 2 DIVISION OF WITH	16a. V (YI	/AS DECEASED EVER IN U.S. AR	MED FORCECS	16b. SOCIAL SECURI 411 22		17. INFORMANT Florence I		ADDRES222	St. 70]	Paul Bal	
ST.,	N 24 HC ITEM ALONG PERMI GIENE		18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE IMMEDIA	TE CAUSE (a) Ch			ve pulmonar			A	PPROXIMATE	INTERVAL
301 W. PRESTON	PENCIL AMINE AMINE I.TRAN ENTAL		Canditions, if any, which gave rise to immediate cause (a) stating the <u>under</u> lying cause last.	(b)	AS A CONSEQUENCE	OF						
ORDS, 3	"PENDING" IN I	NO	PART 2 OTNER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	PUT NOT RELATED TO THE TER	MINAL OISEASE	OR CONDITION GIVEN IN PAR	T 1 (a).				
DIVISION OF VITAL RECORDS,		CERTIFICATION	19a. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORMED?			4 1	AUTOPSY?	NO []
N OF V	CERTIFICATE SHOTING THE WORD SED TO THE CH 3 SHOULD BE UDEPARTMENT OF PRIOR TO BURIAL.	AL CERT	216 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAY YEA	AR 21c. HC	OW INJURY OCCURRED	(ENTER NATURE OF IN	JURY IN ITEM 18 PART			70 <u>U</u>
DIVISIO	R: THIS CERTING DRWARDED TO PAGE 3 SHO STATE DEPAI 21201 PRIOR	MEDICAL	21d, INJÜRY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE C	DF INJURY (AT HOME, ORY, FARM, ETC.)		CATION TREET	CITY OR TO	)WN	COUNTY		STATE
	2 H C H L		22a. I certify that I took char death resulted fram: Nat:	ge of the remains desc iral causes. X		Autop	Inspection	Undetermined m		n my opinion		
•	AL EXAMINE HE CERTIFICA HOULD BE FOR AL DIRECTOR TH, WITH THE TH, WARYLAND,		ACTUAL SIGNATURE	uchi	Da	м	TITLE (SPECIFY) D. Assistant	E_MEDICAL EXA	MINER	DATE 8-	-5-80	
	TO MEDICAL E EXECUTE THE OF PAGE 4 SHOU TO FUNERAL F AFTER DEATH, BALTIMORE, MA	0	EXAMINER'S NAME (TYPE OR PRINT)	nn M. Dixø	n, M.D.		ADDRESS	Lll Penn	St.			
0	Bb F A A		urial, cremation, removal	8/8/80	23c NAME OF CE		emetery		ore Co.,			TE.
	DHMH - 17 (VR A15 ME (5))		zdzinski Funer	al Heorie P	1407 Old	Easte	250. DATE R	ec'd. by registr.		AR'S SIC VAT	Credy	

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

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may be

N.	FOR - STATE REGISTRAR			DEPARTN	MENT OF H	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH		O EG. NO.	9 5	3	8
	CEASED NAME	Robe	ent (n	nmn)	)ick	SON Sr.	2e. DATE OF DEA	ATH MONTH DAY	5 80	b. HOUR	м
1. SE)	Male	800	4 RACE Whi	te	S DATE O	H DAY YEAR	6 AGE (IN YEARS LA			HOURS A	MIN
C	Scotlar	nd	U.S		MARRIEI WIDOWE	ED NEVER MARRIED DIVORCED	Balt.	County County			MD.
F	Randalls	town	Balt.	County	Gene	orother Institution eral Hospita	120 USUAL OCCU 1 TYPE OF WORK FOR M	MOST PETER LIFE	12h KIND OF E INDUSTRY Cons		sor ctior
13a S	STATE Md.	13b. COUN	NTY  A	Glen Bu	N I	13d. INSIDE CITY LIMITS?		RESS A Govern	ors Co	urt	
	James		MIDDLE	Dicks		IS. MOTHER'S MAIDEN NAM	MIDI	DDLE	Form		
	WAS DECEASED EVE (YES, NO OR UNKNOWN) NO	(IF YES, GIVE	RMED FORCES? /E WAR OR DATES) A	072-10-		Mrs. Dorot		<sup>ADDRESS</sup> same Brickerd		13 ighte	er)
8	underlying caus	ny, which immediate ating the use last	(b) DUE TO, OI	DR AS A CONSEQUE DEMYNH DR AS A CONSEQUE CEREBR ONTRIBUTING TO D	RATION OF OVE	DON, AZO		FFICIEN			
MEDICAL CERTIFICATION	19a DATE OF OPER					ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	WERE FINDING	SS USED OF DEATH?	?
CAL CER	21a. ACCIDENT WAS UP OR CONTRIBUTING [	CAUSE OF DEA	P.,	C.M. MONTH DA	AY YEAR		RED (ENTER NATURE O	OF INJURY IN ITEM 18, PART	T 1 OR PART 2}		
MEDI	21d. INJURY OCCU	WHILE WORK		OF INJURY TREET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	City	ORTOWN	COUNTY	STATE	Ε
		ased alive an	1115	198		12/8-0, 19 ind that in (my) (aur) apinian o	death occurred on	The date and haur o	and from the ca		,
	220. SIGNATURE	N.	Bred.	)		ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF	8/15	5/87	0
22.	HAFE BURIAL, CREMATION	E2	17 57	YEDm.	<u>/)</u>	BALTIMOR.	E COUIT	NTY GE	NERAL	-#	SP1-
	(SPECIEVE	4, KEMOYAL	. 238. DATE	130.11	TAME OF C	EMETERT OR CREMATORT	CITY OR TOW	VN C	OUNTY	STATE	

Burnie A.A.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Glen

the furnity within 721 tely filled in by 1 should be filed v and 2 s ig physician a in papers. Pag removal. trauma 0 TO FUNERAL DIRECTOR: After this certificate has been signed by the attence should be detached for use as the burial-transit permit. Then please remove car with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or other shows Item 18 0 MPORTANT: If Item 21 is marked BP.

Singleton Funeral Home

Aug. 18.80 Glen Haven Mem

ADDRESS

Glen Burnie

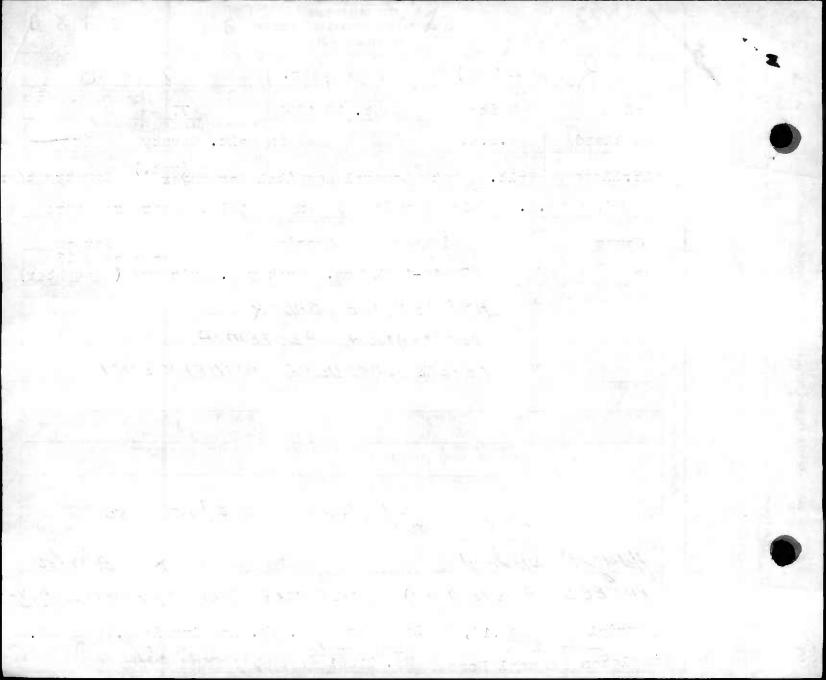
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Burial

24 FUNERAL DIRECTOR

**DHMH-16 25M** 

(VRA 15, 4) 1/79



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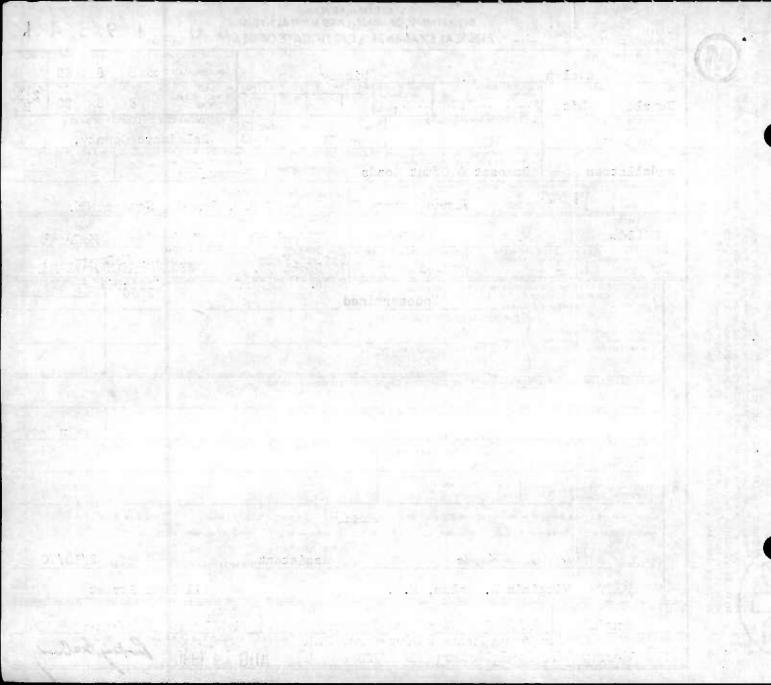
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SE CONTACT

	REOISTRAK	010 567	STATE OF MARYLAND RENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 0	. 195	; 4 0
	PECEASED NAME FIRST JOHN	J. D	IGIACOMO	20 DATE OF DEATH	8/ 25/ 80	3:18 A
3 S	MALE	4 RACE WHITE	S DATE OF BIRTH	6. AGE JIN YEARS LAST BIRT		IF UNGER 24 HRS HOURS MIN
000	BIRTHPLACE (STATE OR FOREIGN COUNTRY) PENNSYLVANIA	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY O	R COUNTY OF DEATH	Mr
	CITY OR TOWN OF DEATH FORT HOWARD	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION LIDDRESS)	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	ON 126. KIND O	F BUSINESS OR
33	UAL RESIDENCE (# NURSING HOMEOF I. STATE VIRGINIA	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) 134 INSIDE CITY LIMITS? YES 2 NO	13. STREET ADDRESS 205G THORI	EAU CIRCLE	144
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burial, cremation, or removal njury, or other traumatic ever	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b) A BITERTOSC HYPHRIANS  DUE TO, OR AS A CONSEQUE  (c)	NCE OF LEBOTIC HEART DISE IVE CARDIOVASCULAR NCE OF	DISEASE	5 YE	ARS
shows any in	PART 2 OTHER SIGNIFICANT OF CARDTOVASCITTATE	ACCIDENT: SEIZU	EATH BUT NOT RELATED TO THE TERM  RE DISORDER  OPERATION WAS PERFORMED	200 AUTOPSY?	DITION GIVEN IN PART 110  20b. IF YES, WERE FIND IN IN CERTIFYING CAUSES YES 1	IGS USED
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m 21 is		tol) oftended the deceased fram_ 8/25 19 86	1/22 , 19 /9.	to 8/25 death occurred on the do		ARD, MD  REAR HUNGER 24 HRS AYS HOURS MIN.  H  LAST  ARD, MD  ROXWATE RITERVALITY  REPROSET AND DEATH  MTNIFFES  YEARS  T I(o)  NO        21  STATE  _, that (IK(we) lost the couses stated ATE SIGNED  25/80
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≥ ≤ 230	BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial		AME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
16 25M , 4) 1/79	FUNERAL DIRECTOR NAME  Leonard J Ri	ADDRESS	25a DAT	E REC'D. BY REGISTRAR	25h RESSET RAN'S SHOWN	The said



STATE OF MARYLAND



STATE OF MARYLAND

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	<b>medical examiner</b> ; this certificate should be executed within 24 hours after death, if any delay is nece	LUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNE	E 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FO	<b>-Uneral director</b> ; page 3 should be used as a burial transit permit. Pages 1 and 2 should be filed, wit	FR DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF LITAL RECORDS, 301 W, PR	
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u.	SATE OF			JOHN	Maria.	Robert	DOLE		DEATH	MATED   8	4	1980	м
> d	187	3. SEX	ale	white	5. DATE OF BIRTH MONTH DAY  April 10	YEAR 6. AGE (IN YI LAST BIRTHE	AY) MONTHS [	1 YR. IF UNDER	24 HRS. 2c. DATE MIN. PRONOUN DEAD	NCED A	H DAY	80 19	8:16 4
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301 V	OR OR		lying cause	last.	(c)								
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DIVISION	= 0 m a	MEDICAL	21d. INJURY OC WHILE AT WORK	CURRED NOT WHILE AT WORK	21e. PLACE C STREET, FACTO	PF INJURY (AT HOME, DRY, FARM, ETC.)	211. LOCATIO STREET	NC	CITY OR TO	wn	COUNTY		STATE
INED. T	2 5			that I took charge	of the remains desc	ribed above, held on		Inspection	n , Inquiry	, ond in my	opinion		
NA S	E CERTIFICA OULD BE FO I DIRECTOR H, WITH THE MARYLAND,	53	20011110	۸ .		Accident D, st		ITLE (SPECIFY)	Origerer mined mic	Annier [],			
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20	BAF.	23a.B	PECIFY)	ON,REMOVAL 231		23c. NAME OF CE			23d. LOCATION CITY OR TOWN		OUNTY	STA	TE
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Proper of Filescott Surveyor - Benson, Mr. 22078 J. S. Auch

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page retained by the hospital or attending physician.  TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and completely filled in by the funeral death should be becaused for use as the build-irganist permit. Then please remove corbangpers. Pages I and 2 should be filed within 72 hours and the build-irganist permit.	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ESTON ST., BALTIMORE, MARYLAND 21201	2/
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page etained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directors, though the bound to the bound of the bound o			
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct most should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed within 72 hours after despite the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed within 72 hours after despite the burial-transit permit.	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death retained by the hospital or attending physician.	death certificate be executed within 24 hours after death. Page 4	
With the profession and mental hygiene prior to burior, cremation, or removal.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicis should be detached for use as the burial-transit permit. Then please remove carbanpapers with the State Deat of Health and Mental Hyanese prior to burial cremation, or removal.	ove corban papers. Pages 1 and 2 should be filed within 72 hours and deal of a filed within 72 hours and deal of an or emoval.	· Marie

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STATE OF MARYLAND 9 DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

	FOR STATE REGISTRAR	DEPARTA		LTH AND MENTAL		REG. NO.	1 9	5	4 4	4
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	(TYPE OR PRINT)  Pearl	Loretta	Dori	fuss	Au	gust	3. 1	1980	8 a	1 M
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2 1	CITY OR TOWN OF DEATH TOWSON	11. NAME OF HOSPITAL, NURSIN THE NOT IN SUCH FACILITY, GIVE STREET / Saint Joseph I	(DDRESS)		(TYPE OF V	ALOCCUPATION WORK FOR MOST OF W Nemaker	ORKING LIFE) IN	KIND OF DUSTRY	BUSINES	
5 7	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 130. COUN		re 13	INSIDE CITY LIMI	890	et address 058 Wal	tham W	loods	Rd	_
	4. FATHER'S NAME FIRST  James B.	Warfield LAST	15	Mary I	E. Work			LAST		y
1	60 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b SOCIAL SECU 214-03-	1.19	Fred. J.	Dorfu	ADDRESS ASS Sa				
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	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	1c HOW INJURY O	CCURRED (ENTE	PATURE OF INJURY IF	N ITEM 18, PART 1 OI	R PART 2)		
ı	AT WORK AT WORK	21¢ PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.)	ILOCATION STREET		CITY OR TOWN	со	YINU	STAT	TE.
	above, N. (we) (did) (Addo	tal) Amended the desegred from 19	ond t	hat in (our) op	einian death occ		-	from the co	, -	
	27b. SIGNATURE	l men	MI		NG MEDIC AN DIRECT	AL STAFF OR PHYSICIA		Aug.		.980
	22d. PHYSICIAN'S NAME (TYPE O	ain, M.D.	23	7620 Y	ork Roc	nd. Tows	son, Ma	rvla	nd 2	1204
2	30 BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEM	ETERY OR CREMAT	ORY 23d. LC	OCATION TY OR TOWN	COUNT		STATE	
	Burial	Aug. 6,1980	Lorr	aine Par	-1- 100	212	Dalke	0	4	Md.
- 11	funeral director  itchell-Wiede:	ADDRESS	5500 V	ork Rd	AUG O	ISBO 256	b. REGISTRAR'S	JANES!	-	2°

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	TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
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DIVISION OF VITAL RECOKUS, 201 W. PRESTON ST., BALTIMORE, MARTLAND 2120	IAN Cian.
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	TO HOSPITAL OF ATTENDING PHYSICIA retained by the hospital or attending physician
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 12 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the med

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1 -	FOR STATE REGISTRAR			DEPA		CATE OF DEA		0 1	0 5. NO.	19	5 4 5
	CEASED NAME	FIRST		MIDDLE	LA	51		2ª DATE OF DEAT		DAY YEAR	26 HOUR
(TYPE	DOI	nald	Edwa	ard	DOUG	LAS Si	c.	August	29, 19	80	7:20a M
3. SE	X	4	RACE	10-11	S. DATE O	F BIRTH DAY	YEAR	AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	HOURS MIN.
M	ale	- 10	White	е	5		1917		63 YRS.		MOOKS MIN.
	RTHPLACE (STATE OR FO	DREIGN 7h	CITIZENOF	WHAT COUNT	RY?	NEVER MAI	00150	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
	aryland		U	S.A.	WIDOWE		RCED	Baltin	nore Co	unty	MD.
	TY OR TOWN OF DEA	TH 11	. NAME OF	HOSPITAL, NUI	RSING HOME O	R OTHER INSTITU		12a USUAL OCCU	PATION	126 KIND C	OF BUSINESS OR
	ossville		Fran		Square	Hospit	tal	Policer			o. Co.
USU.	AL RESIDENCE (IF NURS	ING HOME OR OT	HER INSTITUTION	13c CITY OR T	(OWN	134 INSIDE CITY	LIMITS?	13e. STREET ADDRE	SS		
Ma	ryland	Balto		Dunda	lk	YES   N	○ 🔯	1925 St	tanhop	e Rd.	
14. E/	THER'S NAME	MID	DIE	IAST		15. MOTHER'S M				LA	
M	illard	Me	ott	Doug	las	Lott		Milot	, LE		ngs
16a V	VAS DECEASED EVER	IN U.S. ARME	D FORCES?	166 SOCIALS		17 INFORMANT		AI	DDRESS 92	5 Stan	
(,	YES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	215-0	1-1790	Thelma	M. T	Douglas		-	. 21222
	18 CAUSE OF DEAT PART I. DEATH W 5609 Conditions, if ony,	'AS CAUSED E IMMEDIATE (	CAUSE (a) Re	espirat	OTY ATTE	est follo		y Cardiac	c Arres		(MATE INTERVAL OMSET AND DEATH
NO	gave rise to immoduse (a), stating underlying cause PART 2 OTHER SIGN	nediote ig the last.	( (c) ]		e deep v	vein Thre			ONDITION G	IVEN IN PART 1	(0)
CERTIFICATION	19a DATE OF OPERA	TION				was performed obstr		20e AUTOPSY?	IN CERT	ES, WERE FINDE	S OF DEATH?
RTI	8/26/80	VERLANDIC CO	216. TIME C		all bowe			YES NO		YES 🗌	NO 🗌
	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH	HOUR A.		DAY YEAR	ZIC NOW INJUI	KT OCCURR	ED (ENTER NATURE OF	INJURY IN HEM 18	(PART TORPART 2)	
MEDICAL	21d. INJURY OCCUR!	HILE [	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFF	FICE, FARM, ETC.)	211 LOCATION STREET		CITY O	RTOWN	COUNTY	STATE
	22a I certify that X sow the decease above, X (we) (c	(this hospital ed olive on did) progressive	attended the	29 1	9 <u>80</u> , on	d that in (K) (ou	19 <u>80</u> 11) Opinion d	, taAugus leath occurred on th			
	226. SIGNATURE	My	390	und	С	PHY	ENDING	MEDICAL DIRECTOR PH	STAFF YSICIAN X		9/80
	22d. PHY CIAN'S N	RO C	P	Pedro B	Pina M.D.	9000 Fr	anklin	square l		alto., M	d. 21237
23a. E	BURIAL, CREMATION, SPECIFY) Burial	REMOVAL	236. DATE 9/2/	1980	Oak La	METERY OR CRE		23d. LOCATION CITY OR TOWN	В	county Balto.	STATE Md.
24 FI	UNERAL DIRECTOR T	Duda-F	Ruck l	Inc ADDRESS Dundal	k Md.	21222	SEF	REC'D. BY REGISTION 1980	RAR 25b. REG	TRAR'S SIGNA	Bruge

DHMH-16 25M (VRA 15, 4) 1/79

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.

Page 4 may be

1	1			STATI	E OF MARYLAND			
K	1	FOR STATE REGISTRAR			EALTH AND MENTAL HYGIE ICATE OF DEATH	REG. NO.	195	4 6
		CEASED NAME FIRE	T	MIDDLE	AST	R DATE OF DEATH MONTH	DAY YEAR	2h HOUR
- F	,,,,,	PI	NK	DOU	IGLAS	08	14 80	4:55Pm
788	3. SE			RACE S DATE C	OF BIRTH 6	AGE (IN YEARS LAST RIRTHOAY)	# UNDER 1 YEAR	IF UNDER 24 HRS
1		M		NEGRO 2-	29-08	77 YRS		HOURS MIN
neral di 72 hu		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76.	CITIZEN OF WHAT COUNTRY?	NEVER MARRIED	BALTIMORE CITY OF COUNTY TOWS ON	TY OF DEATH	MD
by the fu		ALTIMORE	1	NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL, STREET ADDRESS)		2a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		F BUSINESS OR
filled in utd be fill	USU 13 <sub>R</sub>	AL RESIDENCE (IF NURSING H	OME OR OTH	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)		JE STREET ADDRESS BI	ddle	ST
and 2 sho	14. F.	BARNEY	, MIDI	Douglass	15. MOTHER'S MAIDEN NAME MAGGIE	Roschoro	LAS	л
an and co		WAS DECEASED EVER NU YES, NO OR UNKNOWN) (IF Y		D FORCES? 166 SOCIAL SECURITY NO 2/3 07 4470	7 Imagent 1	Douglas 1603	E. Bida	
signed by the attending phys signed by the attending phys on please remove carbon pape o burial, cremation, or removinjury, or other traumatic ev	Z	Conditions, if ony, whi gave rise to immedic couse (o), storing trunderlying couse lo	AUSED B EDIATE ( ch te he st	DUE TO OR AS A CONSEQUENCE OF	CA.	MONARY COMPL	ICATION	
Deen The	된	19a DATE OF OPERATION		196 CONDITION FOR WHICH OPERATION	NAMES OF OCCUPED	Tan AUTODENS Tan IE	res, were finding	ICC USER
has b rrmit. ne pri hows	F 5	08/07/80				IN CER	TIFYING CAUSES	OF DEATH?
vertificate harmonicate harmon	AL CERTIFICATION	710. ACCIDENT WAS UNDERLY!	OF DEATH	ESOPHAGEAL CA.		PES NO DENTER NATURE OF INJURY IN ITEM 1	YES	№ □
After this the burial hand Mer	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXA  216 INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK		P.M. 19  21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ECTOR: for use as of Healt		22a.1 certify that (I) (this sow the deceased of	ve on	ottended the deceased from  08 / 1 / 4 19 80 , on lew the body ofter death.	07/25 , 19 80 and that in (my) (our) opinion de	to 08/14 oth occurred on the date and h		that (I) (we) last causes stated
The hosp RAL DIR letached ate Dept.		226 SIGNATURE	rli		DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	27c. DATE 08/	14/80
TO FUNERAL should be detawith the State		DR. P.J.			GREATER BAL	TIMORE MEDIC	AL CENT	ΓER
BP	23e	BURIAL, CREMATION, REMISSEE BUTIAL	DVAL	8/19/80 and of C	EMETERY OR CREMATORY AS MIN PR	23d LOCATION CITYOR TOWN	LEOUNIA	STATE
DHMH-16 25M (VRA 15, 4) 1/79	24 F	UNERAL DIRECTOR PORS FUNERAL	Hon	ME 13047. Control	AT AUG 1	REC'D. BY REGISTRAR 751 REG	STRAP'S SIGNAT	URE

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## STATE OF MARYLAND

FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REG. NO.							
1 DECEASED NAME (TYPE OR PRINT)	Charles	Widdle	DUVALL		August 25	-	O YEAR	2h. HOU 8:3	
3 SEX Vale	4 RACE	audasia	S DATE OF BIRTH	24 1920	6 AGE (IN YEARS LAST BIRTHDA	YRS.	DER ) YEAR	HOURS	74 HRS MIN
78 BIRTHPLACE (STA)	FOR FOREIGN 76 CITIZE	S. A.	MARRIED N	EVER MARRIED	Baltimore (				MD.
Battim		ME OF HOSPITAL, NOT INSUCH FACILITY, GIVE	URSING HOME OR OTHE STREET ADDRESS)	R INSTITUTION	120 USUAL OCCUPATION LIBERT BY WORKER HOST OF WO		ZE. KIND O	FBUSINE	SSOR
USUAL RESIDENCE	IF NURSING HOME OR OTHER INST	EUTON GIVE MSDEHGE	MOUL YES	SIDE CITY LIMITS?	13, SIREET ADDRESS!	wa	au	e	
14 FAT ERS NAME	les (mpolit	Dur	is MC	THER'S MAIDEN NA	MIDDLE MIDDLE	(1)	rise ins	7	
	EVER IN U.S. ARMED FOR		SECURITY NO 17 IN	ORMANT	ADDRESS	01	/\	2	

		Charles	W	DUVALL		August	25, 1	1980	8:30a
3 58	Mal	e	Races Rausasian	S DATE OF BIRTH	24 1920	6 AGE (IN YEARS LAST BIRT	YRS.	MONTHS DAYS	HOURS MI
	BIRTHPLACE (S	1	CITIZEN OF WHAT COUNTRY?	MARRIED NE	DIVORCED [	Baltimore city o	Cour		
7/	allin	nore 5	HAME OF HOSPITAL, NURSING A STREET HOSPITAL ACTUTY, GIVE STREET	(DDRESS)	INSTITUTION	120 USUAL OCCUPATE LEWIS DE WORK FOR MOST O	ON FWORKING LI	FE) INPUSTRY	SEBUSINESS
134	Ma	136 COUNTY	1 1 - 1 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7	WOLL YES	-		mor	a au	re
2	FATHER'S NAM	rlis I	). Oliva	12 1	HÉR'S MAIDEN NA/	MIDDLE	6	Drive	1
140	WAS DECEASE	ED EVER IN U.S. ARME OWN) I I Y Y S. GINE W	D FORCES? 166 SOCIAL SECTION 212.01	URITY NO 17 MYES	s Dive	113713	Elm	nosa	Twe.
			DUE TO, OR AS A CONSEQU	, fibrous		coma of ches	st wal	11	
z	PART 2 OTH		( (c) with mul				DITION GI	VEN IN PART 1	a)
TIFICATION				<u>DEATH</u> BUT NOT REL	ATED TO THE TERM		206. IF YE	VEN IN PART 10	NGS USED
CAL CERTIFICATION	19s DATE OF	HER SIGNIFICANT COI	nditions <u>contributing to</u>	DEATH BUT NOT REL OPERATION WAS P	ATED TO THE TERM	INAL DISEASE OR CONI	206. IF YE IN CERTI	S, WERE FINDIN FYING CAUSES ES [	NGS USED OF DEATH?
MEDICAL CERTIFICATION	19s DATE OF	PER SIGNIFICANT COL	196. CONDITION FOR WHICH	PEATH BUT NOT REL  OPERATION WAS P  AY YEAR  19  FARM, ETC.)  Z11 LOC S	ERFORMED  W INJURY OCCURR  ATION REET	206 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR	206. IF YE IN CERTI Y Y IN ITEM 18.	S, WERE FINDIN FYING CAUSES ES [	NGS USED OF DEATH?
4	198 DATE OF  218, ACCIDEN OR CONTRIBUT JIF EITHER, NO 21d. INJURY WHITE ATWORK	OPERATION  T WAS UNDERLYING CAUSE OF DEATH THY MEDICAL EXAMINER)  OCCURRED NOT WHILE CAUSE AT WORK  That X (this haspital) Ceceosed alive on cause of the cause o	19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	OPERATION WAS P  AY YEAR  19  FARM, ETC.)  211 LOC  S  AUGUST 24	ERFORMED  W INJURY OCCURR  ATION  REET  19 80	TO AUGUST	206. IF YE IN CERTI Y! Y IN ITEM 18.	S, WERE FINDING CAUSES ES  PART 1 OR PART 2)  COUNTY	NGS USED OF DEATH? NO  STATE

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DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.

FUNERAL DIRECTOR

APPLIE SPOR

A L C U B management management

completely filled in by the funeral director, page 3 1 and 2 should be filed within 72 hours after death

FOR - STATE

## STATE OF MARYLAND HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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23.0	REGISTRAR				4011111				REG. NO.				
	CEASED NAME	FIRST	N	HODLE	L.	AST		2e DATE OF	DEATH MC	ONTH DAY	YEAR	2b. HO	UR
(TYPE	OR PRINT)	EDGA,	٤,	KING	El	WARDS	JR.		A	06. 9	1980	94	M
3 SE	X	4	RACE		5 DATE C		YEAR	AGE (IN YEA	ARS LAST BIRTHD.		UNDER I YEAR	IF UNDE	R 24 HRS
	MALE		WHITE		JAN	13	1893		87	YRS.	NIH5 DATS	HOURS	MIN
	RTHPLACE (STATE OR FO	OREIGN 71	CITIZEN OF V	WHAT COUNT	MARRIEL WIDOWE	D NEVER M	ARRIED ORCED	Baltimor Balt	e city or cimore		F DEATH		MD.
	ckeysville		I IF NOT IN SUCI	H FACILITY, GIVE ST		ROTHER INSTI	TUTION	12a USUAL O (TYPE OF WORK			12h KIND ( INDUSTRY		IESS OR
	AL RESIDENCE (IF NURS		MARYLAI			0/462					<u> </u>		
13a. S	Md.	Balti	Y	13c. CITY OR T		134. INSIDE CI	Y LIMITS?	13. STREET A	odress elton	Road			
14. FA	ATHER'S NAME		etter.			15 MOTHER'S		ME	24		W.		
		ar K.	Edwards					orgie M			LA	ST	
	WAS DECEASED EVER YES, NO OR UNKNOWN) WW I	IN U.S. ARM		166 SOCIAL S	8207 A	Mrs M		abrae	ADDRESS		Road		
	MM T			21/ 32	0207 A	MI'23 M	ary Eu	warus	111 1	ercon		WATE INT	
NOI	gove rise to immediate to immediate to immediate the state of the stat	og the lost	lei_	P AS A CONSE		NOT RELATED	TO THE TERM						3 ,
CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WH	ICH OPERATIO	N WAS PERFOR	MED	200 AUTO	PSY?		WERE FIND NG CAUSE		TH?
	21e ACCIDENT WAS UNI	CAUSE OF DEATH	216. TIME O HOUR A./	M. MONTH	DAY YEAR	21c HOW INJ	URY OCCURE	RED (ENTERNAT			T I OR PART 2)		
MEDICAL	21d. INJURY OCCUR	RED HILE	21e PLACE			21f LOCATIO STREET	7		CITY OR TOWN		COUNTY		STATE
	220 I certify that (I) saw the deceas obove, (I) (work) 221 SIGNA UH 222. PHYSICIAN'S No.	ed olive on did) (did not)	8/8/S view the body	<del>20</del>	9, or		TENDING HYSICIAN	MEDICAL	d on the date		and from the	that (I) couses s	toted
	BURIAL, CREMATION, SPECIFY) Burial		23b. DATE 8/11/8		Green	emetery or comment C		23d LOCA CITY OR Balt	TION TOWN Limore		OUNTY	S	TATE

TO FUNERAL DIRECTOR:

OHMH-16 25M (VRA 15, 4) 1/79

should be detached for use as the burial-transit permit. Then please remove car with the State Dept, of Health and Mental Hygiene prior to burial, cremation,

IMPORTANT: If Item 21 is marked or Item 18 shows

24 FUNERAL DIRECTOR
MITCHELL-WIEDEFELD HOME

6500 York Road

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE AUG 1 3 1960

S P 1 S T S G B MANNEY CONTRACTOR OF THE SECOND

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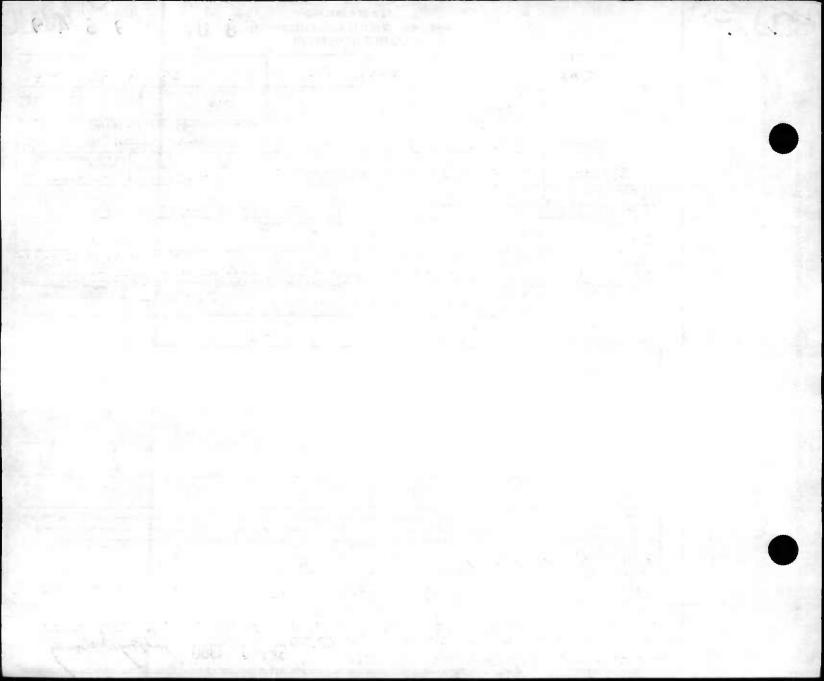
TO FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

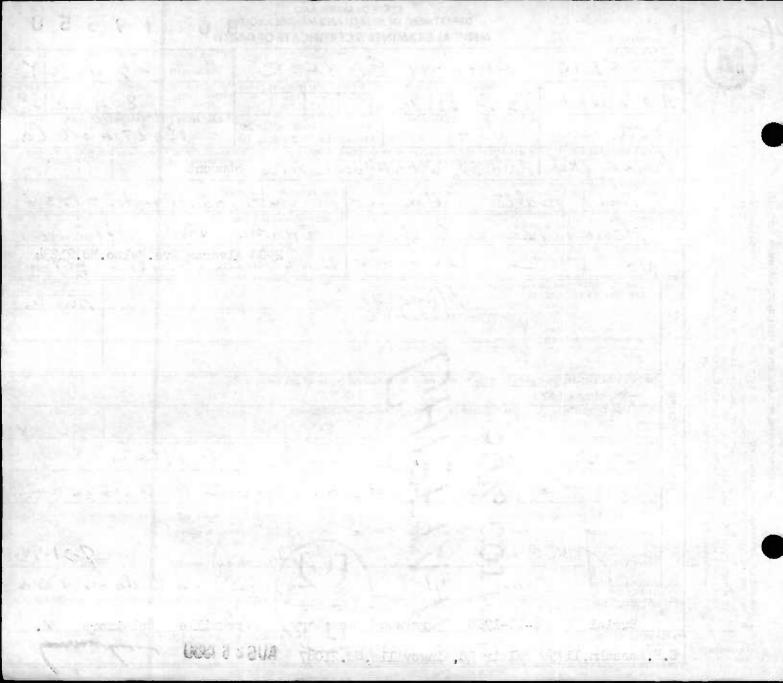
STATE OF MARYLAND

	CEASED NAME FIRST	,	MIDDLE	(	AST	2e. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
ITYPE	CARL			EC	ER Sr.		08 80	08 0	450
3 SE	X	RACE		5 DATE C		& AGE (IN YEARS LAST ORT	HDAY) IF	UNDER 1 YEAR	IF UNDER 24
	W	CAI	2	CP	09 02	75	YRS.	NIHS DATS	NOUNS N
	IRTHPLACE (STATE OR FOREIGN )	L CITIZEN OF	WHAT COUNTRY?	I.	D P NEVER MARRIED	BALTIMORE CITY O		F DEATH	
	Massachusetts	IJ.	S. A.	WIDOWE		Baltimor	e Coun	t:11	
IO CI		1. NAME OF	HOSPITAL, NURSIN	IG HOME C	or other institution renalHospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  Owner Pauleanna's Teetree			
13a S	ALRESIDENCE (# NURSING HOMEOR C STATE 136 COUNT ASSACHUSETTS HAM	TV	gne residence before admission) 13g. CITY OR IOWN 13d. INSIDE CITY LIMITS? HOLYOKE YES M NO [			130. STREET ADDRESS 89 Ridgewood Avenue			
14 FA	ATHER'S NAME Paul	IDDLE	Eger		15. MOTHER'S MAIDEN NAME FIRST	WE		Hi.t.t.i.c	st 7
	WAS DECEASED EVER IN U.S. ARM		16 SOCIAL SECUI	RITY NO	17 INFORMANT	ADDRE	ss Holy	oke M	788 07
(,	YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	014-05-7	7208	Carl Eger, Jr				
NTION	Conditions, if ony, which	(b)	CARDIC	1696-	NIC SHOC	^			
ICATION	gove rise to immediate couse (a), stoting the underlying couse last.  PART 2 OTHER SIGNIFICANT CO	ONDITIONS CO	R AS A CONSEQUE	DEATH BUT			20h IF YES, Y	WERE FINDI	NGS USED
RTIFICATION	gove rise to immediate couse (a), stoting the underlying cause last.  PART 2 OTHER SIGNIFICANT CO	ONDITIONS CO	R AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20h IF YES, Y	WERE FINDI	NGS USED
ICAL CERTIFICATION	gove rise to immediate couse (a), storing the underlying cause last.  PART 2 OTHER SIGNIFICANT CO  19a, DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEAT  INFERTHER, NOTIFY MEDICAL EXAMINER)	ONDITIONS CO 196 COND 196 COND HOUR A.	R AS A CONSEQUE  DITRIBUTING TO D  ITION FOR WHICH  OF INJURY  M. MONTH DA  M.	DEATH BUT	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURE	INAL DISEASE OR CON  200 AUTOPSY?  YES NO 3	20h IF YES, Y IN CERTIFYI YES	WERE FINDI	NGS USED
MEDICAL CERTIFICATION	gove rise to immediate couse (a), storing the underlying cause last.  PART 2 OTHER SIGNIFICANT CO  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEAT	196 COND  196 COND  196 COND  216 TIME O HOUR A P. 21e PLACE	R AS A CONSEQUE  DITRIBUTING TO D  ITION FOR WHICH  OF INJURY  M. MONTH DA  M.	OPERATIO  AY YEAR  19	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CON  200 AUTOPSY?  YES NO 3	20h IF YES, Y IN CERTIFYE YES	WERE FINDI	NGS USED
	gove rise to immediate couse (a), storing the underlying cause last.  PART 2 OTHER SIGNIFICANT CO  19a, DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT IF EITHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE AT WORK AT WORK AT WORK ON CONTRIBUTION (I) (this hospitus saw the deceosed olive on obove, (l) (we) (did) (did not other)	ONDITIONS CO	R AS A CONSEQUE  DITRIBUTING TO C  ITION FOR WHICH  OF INJURY M. MONTH DA M.  OF INJURY REET, FACTORY, OFFICE, F.  de deceased from	OPERATIO  AY YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  21l LOCATION STREET  , 19 and that in (my) (our) opinion of	INAL DISEASE OR CON  20e AUTOPSY?  YES NO 20  RED (ENTER NATURE OF INJUI  CITY OR TOV	20h IF YES, IN CERTIFYE YES	WERE FINDING CAUSES  T I OR PART 2)  COUNTY  and fram the	NGS USED SOF DEATH? NO STATE that (I) (we'couses state
	gove rise to immediate couse (a), softing the underlying cause last.  PART 2 OTHER SIGNIFICANT CO  19e DATE OF OPERATION  21e, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT IF EITHER, NOTEY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE OT WHILE AT WORK NOT WHILE AT WORK NOT WHILE OBOVE, (I) (this hospite saw the deceosed olive on obove, (I) (we) (did) (did not 22b) SIGNATURE	ONDITIONS CO 196 COND  196 COND  196 COND  216 TIME CO HOUR A P.  21e PLACE (AT HOME. STI	R AS A CONSEQUE  DITRIBUTING TO D  ITION FOR WHICH:  OF INJURY M. MONTH DA M.  OF INJURY REET, FACTORY, OFFICE, F.  de deceased from  ofter death.	OPERATIO  AY YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURE  21l LOCATION STREET  19  nd that in (my) (our) opinion of the physician of t	INAL DISEASE OR CON  20e AUTOPSY?  YES NO 20  RED (ENTER NATURE OF INJUI  CITY OR TOV	20h IF YES, IN CERTIFYI YES TYIN TEM 18, PAR TYN TEM 18, PAR TYN TEM 18, PAR	WERE FINDING CAUSES  T I OR PART 2)  COUNTY  and fram the	NGS USED S OF DEATH? NO STATE
	gove rise to immediate couse (a), storing the underlying cause last.  PART 2 OTHER SIGNIFICANT CO  19a, DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT IF EITHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE AT WORK AT WORK AT WORK ON CONTRIBUTION (I) (this hospitus saw the deceosed olive on obove, (l) (we) (did) (did not other)	ONDITIONS CO  196 COND  216 TIME CO HOUR A. 21e PLACE (AT HOME, STI	R AS A CONSEQUE  DITRIBUTING TO D  ITION FOR WHICH:  OF INJURY M. MONTH DA M.  OF INJURY REET, FACTORY, OFFICE, F.  de deceased from  ofter death.	OPERATIO  AY YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  211. HOW INJURY OCCURE  211 LOCATION STREET  , 19 ad that in (my) (our) opinion of the performance of th	INAL DISEASE OR CON  20e AUTOPSY?  YES NO 20  CITY OR TOV  MEDICAL STAI  DIRECTOR PHYSIC	20b IF YES, IN CERTIFYI YES  VIN TEM 18, PAR  ote and hour of	COUNTY   NGS USED SOF DEATH? NO STATE that (I) (we couses state	

DHMH-16 25M (VRA 15, 4) 1/79

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O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be etained by the haspital or attending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours offine drafth with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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MPORTANT: If them 21 is marked or them 18 shows any

1.	FOR - STATE REGISTRAR		DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 0	1 9	9 5	5
	ECEASED NAME FIRE	ST .	MIDDLE	Ĺ	AST	2a. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR P
,,,,,	HO	WARD	E.	EIGNE	ER	AUGUST	28,19	080	6:55
3. SE	Male	4 RACE	<i>to</i>	5. DATE C MONTH Sept	DAY YEAR	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS MIN
la B	AIRTHPLACE (STATE OR FOREIGN COUNTRY) imore, MC	Zh CITIZEN O	F WHAT COUNTRY?	19	NEVER MARRIED	BALTIMORE CITY O	OR COUNTY C		
10 C	TOWSON	MAME OF	HOSPITAL, NURSIN UCH FACILITY, GIVE STREET TOSEPH H	ADDRESS)	AL	120 USUAL OCCUPAT		126 KIND O	of Business o thing
130	Md.	COUNTY	Baltim	/N	13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES 106 S. Potomo				eet
14. F.	Jacob	WIDDLE	Eigner		15 MOTHER'S MAIDEN NA FIRST  Mary	MIDDLE	F	lotte	S
	WAS DECEASED EVER IN U (YES, NO OR UNKNOWN)	S. ARMED FORCES? ES, GIVE WAR OR DATES!			Mrs. Erma	son, Md. Md. C. Eigner	-55 Bu	204. urkle	iah Ro
	18 CAUSE OF DEATH (En PART I. DEATH WAS C	iter anly one couse p AUSED BY: EDIATE CAUSE (a)			IEUMONIA			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	Canditions, if any, whi	ch ( (b)_	OR AS A CONSEQU	ENCE OF	IVE HEART	FAILURE			
1	gave rise to immedia couse (0), stating t underlying cause la	he DUE TO,	or as a consequ	ENCE OF			4		.00
NO O	PART 2. OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEN	N IN PART 1	a ·
CERTIFICATION	190 DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?			NGS USED S OF DEATH?
/	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE  (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR	OF INJURY A.M. MONTH D. P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	T I OR PART 2]	
MEDICAL	21d. INJURY OCCURRED	(AT HOME S	E OF INJURY STREET, FACTORY, OFFICE, I	FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	wN	COUNTY	STATE

21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK

22a.1 certify that X (this hospital) attended the deceased from AUGUST thofXI) (we) lost sow the deceosed alive an AICUST 28 obove, (Mwe) (did) add on the body after death and that in the couses stoted on the dote and hour and from the couses stoted 226 SIGNATURE DEGREE 22c. DATE SIGNED

224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

MEDICAL

7620 YORK RD. 21204

230. BURIAL, CREMATION, REMOVAL Burial 9/1/80

dr. DELEON

23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Loudon Park Cemetery Baltimore, Maryland

ATTENDING

**PHYSICIAN** 

John H. Moran, Ina. 24 FUNERAL DIRECTOR 3000 E. Baltimore St.

Baltimore, J. d. 21224

STAFF DIRECTOR PHYSICIAN

DHMH - 16 50M 1/76 (VR A 15 (4))

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FOR

- STATE REGISTRAR

		- 1	I. DE	CEASED NAME FIRST	MIDDLE		LAST		20 DATE OF DEATH	HTHOM	DAY YEAR	2b. HOUR
	1		11000	Virgini	a M	. E	lliott			8 1	0 80	4:28 PM
	E ( (AZ) )		3. SE		4 RACE	5. D	ATE OF BIRTH	YEAR	6 AGE (IN TERROSCIE) BI		WONTHS DAYS	
		8		Female	White		1 12	ď3 <sup>®</sup>	77	YRS	MONTHS	HOURS MIN
	2 100	50	7e. BI	RTHPLACE ISTATE OR FORFIGN	76 CITIZEN OF WHAT	COUNTRY?	ARRIED   NEVER	MARRIED D	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	ded uner	55	_	Maryland	U.S.A.	WI	OWED D	NORCED	Balta	0	int4	MD.
	1 1	1		TY OR TOWN UP DEATH	II. NAME OF HOSPIT Spring Gro	AL, NURSING HO LY, GIVE STREET ADDRE	OME OR OTHER INS	STITUTION	128 USUAL OCCUPA (TYPE OF WORK FOR MOST		12b. KIND (	OF BUSINESS OR
201	1 by	0	100	tonsville AL RESIDENCE (IF NURSING HOME OR				r				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	n 24 ho	88	13a S	aryland Balt	ITY 13c C	iy or town atonsvil	Le YES [		P. O. Box	3235;	Catons	sville 28
R71.	l within pletely nd 2 she	2 ~	14 FA	THER'S NAME FIRST	MIDDLE	LAST	15 MOTHER	I'S MAIDEN NA/	MIDDLE		1A	.st
¥.		100	_	Charles		liott		lary	Blanc Blanc		Tres	
9	executed and comp	One		VAS DECEASED EVER IN U.S. AR (ES, NO ORUNKNOWN) (IF YES, GIVE	WAR OR DATES	OCIAL SECURITY			ADDI	411		City, Md.
¥	Po Po	Ě		No		4-62-006	9   Ruth	Schuppn	er 10230 G	reen C		
₩.		event, th		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per line fo D BY		11000	1	Accide	-	BETWEEN	CIMATE INTERVAL LONSET AND DEATH
YST.	ng p bon	200		IMMEDIA1	E CAUSE (a)	rebn	- VI+3C	W/188	ricci de	Ar a		
Ŏ.	death attendi	E		436-	DUE TO, OR AS A	CONSEQUENCE	1	on.				
PRE	he de empv motic	101		Conditions, if any, which gave rise to immediate couse (a), stating the	(b)	Ird D.		0.14.				
<b>š</b>	by the	0	١.	underlying cause lost	DUE TO, OR AS A	CONSEQUENCE	OF					
, 20	gned n pled	, o		PART 2 OTHER SIGNIFICANT O	ONDITIONS CONTRI	BUTING TO DEAT	BUT NOT RELATE	D TO THE TERM	INAL DISEASE OR CO	NDITION GIV	EN IN PART 1	(a)
S D S	The The	=	S									
REC	os be permit	vs ony	CERTIFICATION	I 9 DATE OF OPERATION	196 CONDITION	OR WHICH OPER	ATION WAS PERF	ORMED	20s AUTOPSY?	IN CERTIF	YING CAUSE	S OF DEATH?
TAL			ERTI	71a. ACCIDENT WAS UNDERLYING	216. TIME OF INJU	RY	The HOW I	NIURY OCCUPE	YES NOZ		S	№ □
Ϋ́	PHYSICIAN T ending physici this certificate he burial-transi nd Mental Hyg	e 4		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. M	ONTH DAY	EAR		teb (enter miles of mi	okt mententig, t	A	
NO	ding ding ding s cert buria	L Hem	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.M. 21e PLACE OF INJ	URY	211 LOCAT	ION				-
VISIC	G PHYSICIAN The attending physician for this certificate by the burial transition and Mental Hygie	De X	ME	WHILE NOT WHILE AT WORK	JAT HOME, STREET, FAC	TORY, OFFICE, FARM, E	STREET		CITY OR TO	NWC	COUNTY	STATE
٥	or oth se as th	ě		22a I certify that (I) (this hospi	tol) otterided the dece	osed from	79	19 19		10	19 20	that (I) (we) lost
	hospital hospital RECTOR hed for u	21 13		sow the deceased alive on obove, (I) (we) (did) (did no		19 80	, and that in (my	r) (our) opinian o	death accurred on the	date and hav	r and from the	causes stated
	hos hed ept	E .		221 SIGNATURE	2	COM.	DEGREE				22c DATE	SIGNED
	SPITAL d by the NERAL DI be detacl e State De	-		(hemas )	elliner	- /	ND.	PHYSICIAN [	MEDICAL ST.	AFF ICIAN 🗌	8/	10/80
	HOSPITAL ned by th FUNERAL old be deter the State	Y A		224 PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRE	SS CIA	1 Fear	-		. 40
	TO HOSPITAL retained by the TO FUNERAL should be det with the State	5		I homas 1	+. Fittmi	4	ITIW	CS 13/182	4 5GSH	CBI	unsvi	112 Mid
200	F 5 F 4 3 :	>	23e E	JURIAL, CREMATION, REMOVAL	23b. DATE		OF CEMETERY OR		23d. LOCATION CITY OR TOWN	Reference	COUNTY 1	STATE
	BP	-	24 51	Burial	8-14-80				ns West Fr		ip, Ho.	, Md.
	DHMH-16 20 (VRA 15, 4) 7	M /78		DERAL DIRECTOR  bard Funeral H	lome: /107		i., Md.		IG 14 1980	first	Ay 1716	Triody
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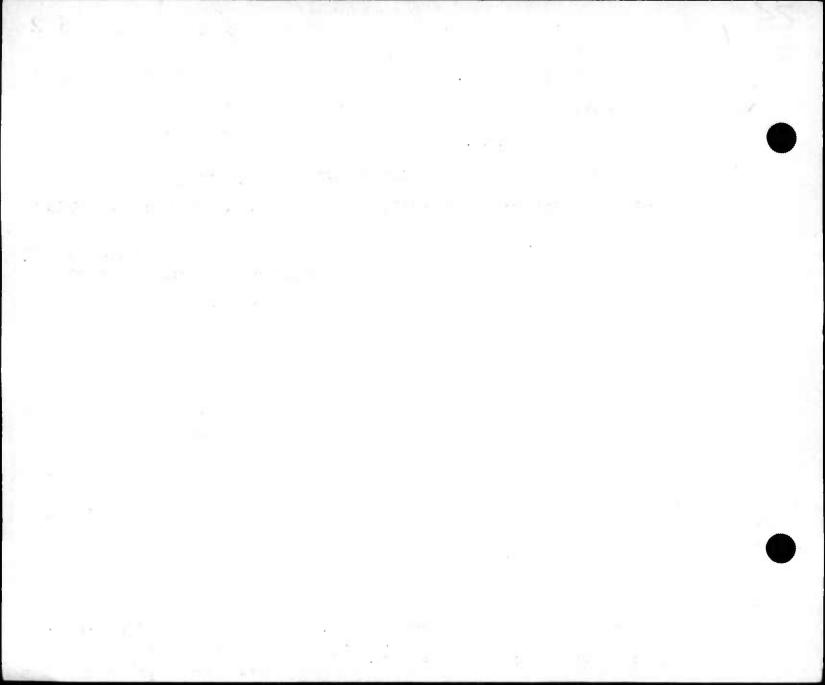
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

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VR A15 ME (5) 15M7/77

FOR - STATE

REGISTRAR 1. DECEASED NAME

Avery D. Falls. Sr. Father Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 AUTOPSY? YES XX NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) passenger in vehicle/tractor trailer impact Rt. 40West of 695 Baltimore Co., Maryland and in my apinian 8-27-80 Gardens TOWN Baltimore Cos., Md. STATE 25a, DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE MeCreody 1407 Old Eastern Ave/

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

2b. HOUR

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12b. KIND OF BUSINESS House Painter

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	20021-000-11		Stant - The	
	efortal stream infiliate Co		Nos Committee	

STATE OF MARYLAND

Mayor 18:0 25:0

APPLIED NO DE SUITE

# PHYSICIAN:

completely filled in by the funeral dir 1 and 2 should be filed within 72 hour

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MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the should be detached for use as the burial-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

## STATE OF MARYLAND

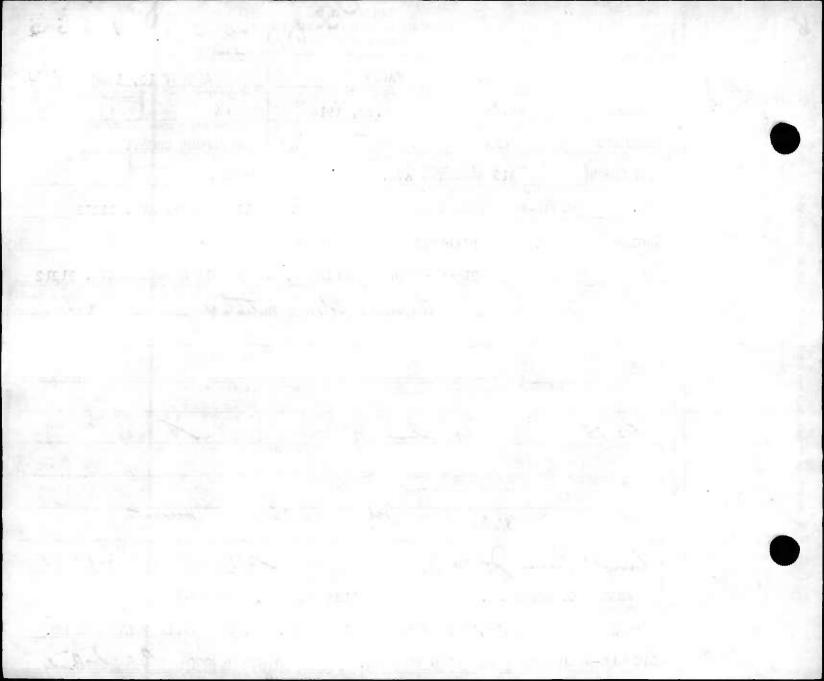
FOR STATE REGISTRAR			EALTH AND MENTAL HYG	0 0		9 5	5 5
I. DECEASED NAME FIRST	MIDDLE		AST	REG. No.	MONTH DAY	YEAR	2b. HOUR
(TYPE OR PRINT) RUTH	М.	FAUS			ST 12.	1980	100
3 SEX	4 RACE	S. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
FEMALE	WHITE	FEB.	28, 1916 YEAR	64	YRS.	THS DAYS	HOURS MIN
Je. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT	COUNTRY?	NEVER MARRIED	BALTIMORE CITY O	R COUNTY O	FDEATH	
MARYLAND	USA	WIDOWE		BALTIMORE	COUNTY	7	M
BALTIMORE	( IF NOT IN SUCH FACIL	ITAL, NURSING HOME C ITY, GIVE STREET ADDRESS) GESTER AVE.	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF HOUSEWIFE		12h KIND C INDUSTRY	OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOM 130 STATE 136 CC MD. BAL'	DUNTY 13c. C	ESIDENCE BEFORE ADMISSION) LITY OR TOWN LTIMORE	134. INSIDE CITY LIMITS?	134 STREET ADDRESS 315 REGEST	ER AVE.	21.21	2
14 FATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN NAM				
Audley	0	tchell	NELLIE	G.		cook	,
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (1F YES,	ARMED FORCES? 166 S	OCIAL SECURITY NO	17 INFORMANT	ADDRE	55		
NO		8-03-9614	WILLIAM H. F	AUST 315 R	EGESTER		21212
Conditions, if any, which gave rise to immediate couse (0), stating the underlying cause lost	DUE TO, OR AS A  (b)  DUE TO, OR AS A	A CONSEQUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 10	0'
190 DATE OF OPERATION  5-2-75  210. ACCIDENT WAS UNDERLYING	1% CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, W	G CAUSES	OF DEATH?
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETTHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M.	MONTH DAY YEAR	216 HOW INJURY OCCURR	YES NO RED (ENTER NATURE OF INJUI	YES [		№ □
WHILE NOT WHILE AT WORK		CTORY, OFFICE, FARM, ETC.)	STREET	CITY OF TOV	VN	COUNTY	STATE
22e.1 certify that (1) (this has saw the deceased alive	81.100	190	no that in (my) (aur) opinion o	death occurred on the de	ate and hour a		that (I) (we) los couses stated
27b. SIGNATURE	my Iv.	m.D		MEDICAL STAI DIRECTOR   PHYSIC		S. 1	SIGNED - 80
ERNEST C.	BROWN JR.		ne ADDRESS  1134 YORK R	D. LUTHERV	ILLE		
236 BURIAL, CREMATION, REMOV (SPECIFY) BURIAL	AUG.14.19		EMETERY OR CREMATORY VALLEY MEM.	23d LOCATION CITY OR TOWN COCKEYSVI		UNTY LTIMOR	STATE E MD.

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR

74 FUNERAL DIRECTOR
NAME
MITCHELL-WIEDEFELD HOME

ADDRESS 6500 YORK RD. 25e. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



## DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

(	1	-
A		
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FOR STATE PEGISTRAR

24 FUNERAL DIRECTOR
NAME
Anatomy Board

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral d should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filed within 72 how with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

TO HOSPITAL OH ATTENDING PHYSICIAN:

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate should be detached for use as the burial-transit pe with the State Dept. of Health and Mental Hygiel.

MINORTANT: If Item 21 is marked or Item 18.

KEGIS	IKAK			40111			REG. NO	Ο.		
I. DECEASED			MIDDLE		LAST		20 DATE OF DEATH	MONTH I	DAY YEAR	26 HOUR
	Michae	1		Ţ	TEDOR		August 18	. 1986	0	9:25 PM
3 SEX		4 RACE		5 DATE O	OF BIRTH		6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	
Ma	ale	White		MONT	29	15	64	YRS	MONTHS DAYS	HOURS MIN
BIRTHPLAC	CE (STATE OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D KNEVER	MARRIED	Baltimore CITY o	RCOUNTY		145
	OWN OF DEATH		HOSPITAL, NURSIN				12a USUAL OCCUPATA			OF BUSINESS OR
Balto		Fra	anklin Squ	uare	Hosp.		Machinist		E) INDUSTRY	
USUAL RESID	PENCE IF NURSING HOME C		1, GIVE RESIDENCE BEFORE		1134 INSIDE C	ITY LIMITS?	13e. STREET ADDRESS			
Mo			Balto.		YES 🗆	NO 🗹	41 West	Hicka	m Road	
	FIRST	WIDDLE	LAST			S MAIDEN NAM				AST
	seph		Fedor			ry	ADDRE			
	CEASED EVER IN U.S. A	RMED FORCES? (E WAR OR DATES)	229-18-74		17 INFORMA	•	ADDRE	22		
	JSE OF DEATH (Enter o	al., and any a an							AFFIC	XIMATE INTERVAL
gave couse under		DUE TO, C	Massive Massiv	NCE OF			ON	DITION GIV	(EN IN PART )	
NO										
CERTIFICATION 210 VC	TE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	PRMED	200 AUTOPSY?	IN CERTIF	S, WERE FIND FYING CAUSE S	INGS USED S OF DEATH? NO
	CIDENT WAS UNDERLYING   ITRIBUTING   CAUSE OF DI ER, NOTIFY MEDICAL EXAMINE	ATH HOUR A		YEAR	21c HOW IN	JURY OCCURR	ED JENTER NATURE OF INJUI	LY IN ITEM 18, P	ART 1 OR PART 2)	
WHILE AT WORK	JURY OCCURRED  NOT WHILE  AT WORK		OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCATION STREET	ON	CITY OR TOW	/N	COUNTY	STATE
sov	ertify that (N) (this hosp w the deceosed olive o ave, (N) (we) (did) (N)	_ Augus	t 18 19	THO	st 1)1 nd that in 000		) , to August leath occurred on the do	18 ote and hou	-	, that NO (we) lost e couses stated
22b. S1C	GNATURE OL	lento	, M.D.			ATTENDING PHYSICIAN [	MEDICAL STAI DIRECTOR PHYSIC		22c. DATI	SIGNED 18/80
22d. PH	YSICIAN'S NAME ITYPE		+	1 - 3 - 1	22R ADDRES	S				
	Angel	0. V	entc		900	0 Frank	clin Square	Drive	2123	37
23a. BURIAL, (	CREMATION, REMOVA	/		AME OF	EMETERY OR	CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE
(	Removal	8/1	9/80							

Balto., Md.



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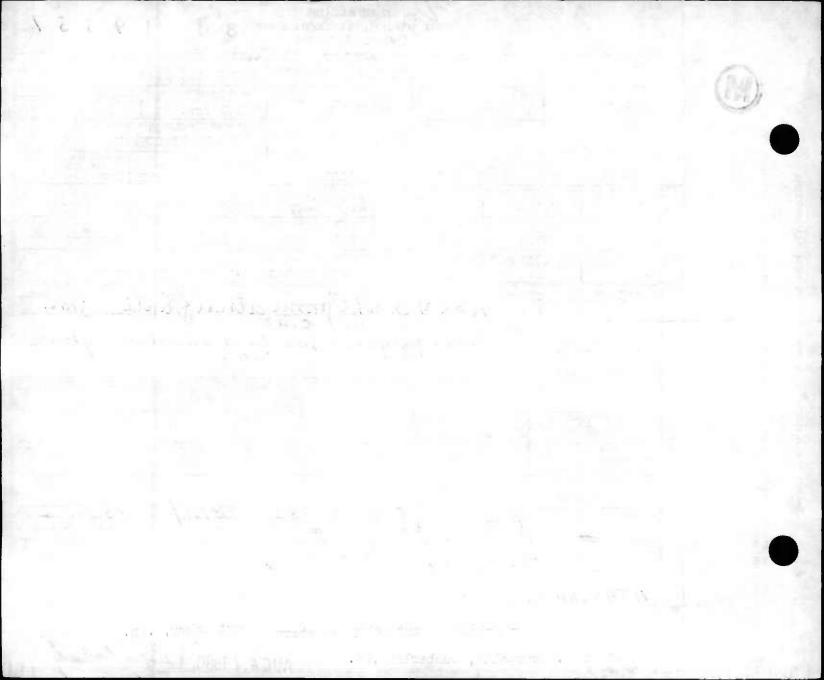
Austral Pours Balton, Mr. Caller William Street William Street Company

## STATE OF MARYLAND

	1 -	FOR STATE REGISTRAR		DEPART		IEALTH AND MENTAL HYG FICATE OF DEATH	SIENE 8 0	o.	9	5	5	/
٩,		CEASED NAME FIRST ELIZABE		DOLE	FLANZ	AST AND	20 DATE OF DEATH	MONTH		YEAR	26. HOL	
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1	(1	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN)   IF YES, G	RMED FORCES? I	66 SOCIAL SECU 218.16.4		17 INFORMANT GEORGIA ELI	ADDRE IZ. JAHNKE		E AS	13e		
	CERTIFICATION	Conditions, if any, which gave rise to immediate cause to to statung the underlying cause last  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION	CONDITIONS CON		DEATH BUT	\	Landsbeas to A.S. MINAL DISEASE OR CONI		S, WERE	FINDIN	IGS USE	
9	WEDICAL CERTIF	LOS CONTRIBUTOS CONTRACTOR DE LA LA HOUR A.M. MONTE			AY YEAR	21c. HOW INJURY OCCUR	YES NO X		PART I OR F	PART 2)	NO [	]
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		22a. I certify that (I) (this has saw the deceased alive a above. (I) (add of 22b. SIGNATURE	n 8-19-	19 8		nd that in (my) (mm) apinion	death occurred an the de	te and ha		am the c	that (I)— causes st	ated
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	24 EI	INTERAL DIRECTOR				Inc. CAT	F DEC'D BY DECISTOAD	ACL DECLE	TO A DIC C	COLLA TI	LOC .	

DHMH-16 25M (VRA 15, 4) 1/79

James F. Scarpelli, Cumberland, Md.



STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO FIRST MIDDLE 2ª DATE OF DEATH MONTH DECEASED NAME DAY 26 HOUR LTYPE OR PRINTI Enrico Florio 28 80 3:45 3 SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST RIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS YEAR MALE CAUCASIAN 02 TR. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED A NEVER MARRIED Baltimore County WIDOWED DIVORCED I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17e USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) SELF Towson CARPENTER GBMC 6701 N. Charles St. JUSUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 136 COUNTY 134 STREELADDRESS 6019 POINT PLEASANT RD. NOA 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FLORIO ANGELICA MIDDLE BONDANESE 140 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS (# YES, GIVE WAR OR DATES) I YES, HO OR UNKNOWN) the 21632161 PAM BATKO 5306 HAMILTON AVE. APT. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) Centralized Carcinomatosis DUE TO, OR AS A CONSEQUENCE OF Carcinoma of the Lung with Conditions, if ony, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost widespread Metastases PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 101 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? pri IN CERTIFYING CAUSES OF DEATH? the burial-transit perm and Mental Hygiene NOX NO | YES [ 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211 LOCATION 21ª PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK TO FUNERAL DIRECTOR: should be detached for use as with the State Dept. of Healt 80 80 22a I certify that (1) (this hospital) attended the deceased from 21 saw the deceased olive on\_ 80, and that in (my) (aur) apinion death occurred an the date and haur and from the couses stated for obove, (I) (we) (did) (did nat) view the body after 276 SIGNATURE DEGREI 22c. DATE SIGNED

MPORTANT DHMH-16 25M (VRA 15, 4) 1/79

BURIAL 24 FUNERAL DIRECTOR

23e BURIAL, CREMATION, REMOVAL

(SPECIFY)

224. PHYSICIAN'S NAME (TYPE OF PRINT)

Dr. A. S. Shafik

23b. DATE

ATTENDING

6701 N. Charles St.

22n ADDRESS

OF FAITH

23c NAME OF CEMETERY OR CREMATORY

MEDICAL

PHYSICIAN X DIRECTOR PHYSICIAN

23d LOCATION

CITY OR TOWN

250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE

8/28/80

STATE

COUNTY



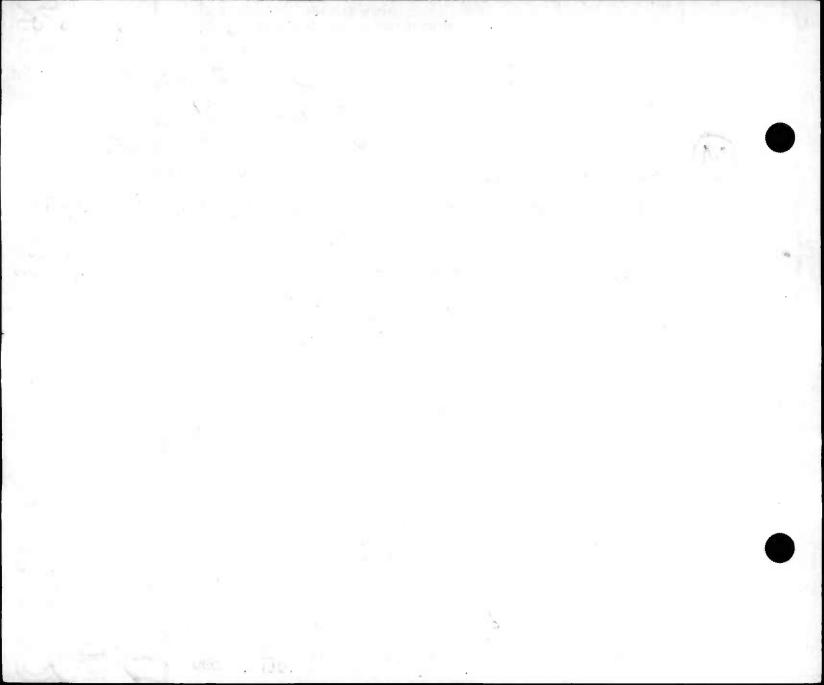
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the hosp the hosp I DIRECT Stached for the Dept of		22b. SIGNATURE	Terker /	DEGREE 40. ATTENDING PHYSICIAN	MEDICAL STAFF		SIGNED
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	23a E	UURIAL, CREMATION, REMOVAL SPECIFY, CREMATION	- / /- /	CEMETERY OR CREMATORY PEN MOUNT CE	236 LOCATION CITY OR TOWN	COUNTY	STATE
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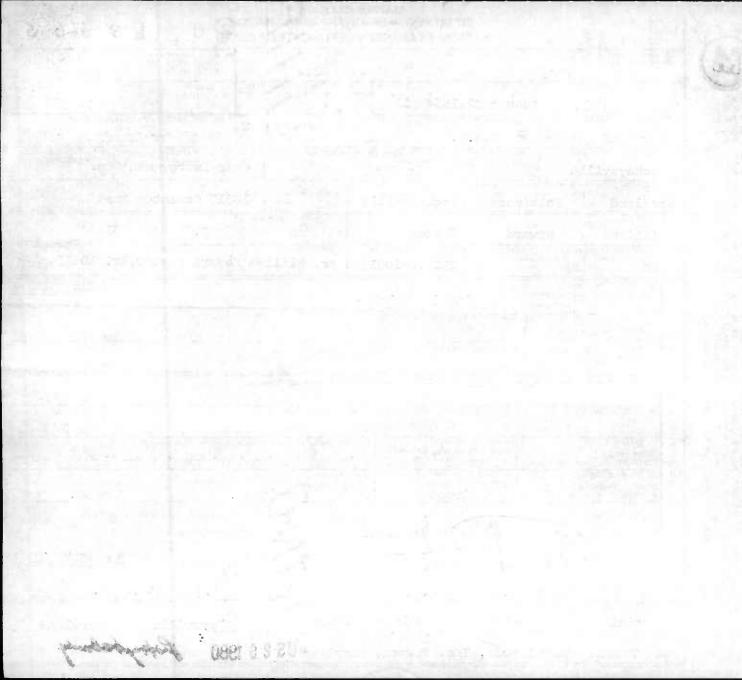
TO HOSPITAL

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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	O MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. F. ANY DELAY IS THE CHILICATE, WRITING THE WORD "PENDING. IN PENCE, IN TEACHER AGES 1.2. AND 3.10. THE PAGE 4. SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCHO, WITH FORM PM. 2. RETAIN PAGE TO FUNERAL DIRECTOR: PAGE 3. SHOULD BE VISED AS A BURBAL-TRANSIT PERMIT, PAGES 1. AND 2.5HOULD BE FILED AFTER DEATH. WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGENE DIVISION OF WITH HECONDS, 301 AND 4. THE DEPARTMENT OF HEALTH AND MENTAL HYGENE DIVISION OF WITH HECONDS, 301 AND 4. THE WORLD AND 2.1201 PRIOR/FO BURBAT, CREMATION OF REMOVAL.
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR 30 d 0 AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY YEAR MONTHS DAYS HOURS AAIN 02 BALTIMORE CITY OR COUNTY OF DEATH MARRIED -NEVER MARRIED WIDOWED DIVORCED more 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY INI GIVE RESIDENCE BEFORE ADMISSION) Jan CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES T NO IS MOTHER'S MAIDEN NAME

Te. BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? (STATE OR FOREIGN 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH PINOT IN SUCH FACILITY, GIVE STREET ADDRESS) 0 USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, 14 FATHER'S NAME FIRST AIDDLE FIRST MIDDLE LAST MAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE I Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE (1) underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIGI CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH

HOUR A.M. MONTH DAY YEAR P.M 21e PLACE OF INJURY

19 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET

CITY OR TOWN

иоП

YES 🗍

214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

STATE

NO I

and that in (my) (aur) apinian death occurred on the date and haur and from the causes stated

224. DATE SIGNED

COUNTY

YES [

22e ADDRESS

DEGREE

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE (IN PRINT)

(IF EITHER, NOTIFY MEDICAL EXAMINER)

saw the deceases and abave, (1) (we ided) do

NOT WHILE

AT WORK

214 INJURY OCCURRED

220.1 certify that (I)

23a BURIAL CREMATION, REMOVAL

226. SIGNATURE

FOR

- STATE

(TYPE OR PRINT)

REGISTRAR

FIRST

4 RACE

DECEASED NAME

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

ATTENDING

CITY OR TOWN

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL D should be detach with the State D

MPORTANT:

24 FUNERAL DIRECTOR

Adspital attended the deceased fro

23b. DATE



6	1-	STATE REGISTRAR	DEF		ICATE OF DEATH	REG. N	0.	
		CEASED NAME FIRST OR PRINT) MA	L.	FRAN	KLIN	20. DATE OF DEATH	S 17 8	
)	3. SEX	remale	A RACE White	5. DATE (		6. AGE (IN YEARS LAST, BIRT		FAR IF UNDER 24 HR
of once.	CC	RTHPLACE (STATE OR FOREIGN DUNTRY) eorgia	76 CITIZEN OF WHAT COUNT	RY? 8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	OR COUNTY OF DEATH	Н
Officed	10 CI	BALTO.	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S	RSING HOME (		12a USUAL OCCUPATE (TYPE OF WORK FOR MOST D	OF WORKING LIFE) INDUST	ND OF BUSINESS O TRY
S must be	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COLL)	NTY 13CCITY OR	BEFORE ADMISSION) TOWN	13d INSIDE CITY LIMITS? YES NO P	130. STREET ADDRESS.	HAM Cou	RT
Scamine 3C	14. FA	THER'S NAME Loney	Ingram LAST		15. MOTHER'S MAIDEN NA.  Clara	MIDDLE		vell
popers. rages noval.	16a. V	AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIVI NO	MED FORCES? 166 SOCIALS 215-05		Mrs. Suzanne	ADDRE D. Young,		.3e
injury, or ather troumotic event, the	2	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT (	(b)  DUE TO, OR AS A CONSI  (c)  CONDITIONS CONTRIBUTING		NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN PAR	T 1(a)
ou o	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FIN	ISES OF DEATH?
or Hem 18 shows	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	YES	NO [
morked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	WN COUNTY	STATE
Hem 21 is mo		22a.1 certify that (1) (this hasp saw the deceased alive on abave, (1) (we) (did) (did no 22b. SIGNATURE	8/1/7/	19.31	nd that in (my) (our) opinion DEGREE	deoth accurred on the d		the couses stated  ATE SIGNED
		1 M	Mulle	د	ATTENDING PHYSICIAN	MEDICAL STA	FF 0	5/17/2
IMPORTANT: IF		JOSE TO SE	PORTUG	NO	MT. WI	usen L	ANE BA	uro. Ml
	(:	URIAL, CREMATION, REMOVAL Burial	23b. DATE 8-20-80	Parkw	emetery or crematory	Parkville	e COUNTY Mar	yland state
/77		ck Towson Fune:	ral Home, Inc.	3	ork Rd. 250. DAT	E REC'D. BY REGISTRAR	25b. RECONTRAR'S SIG	rathery

STATE OF MARYLAND

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			i fare of ment in	

	L'	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. N	10.	
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
1			James	FRICKE	8-6-80	++	904 103
	J. SE	Male	White	5 DATE OF BIRTH OAY 11-28-1901	6. AGE (IN YEARS LAST BIR	# UNDER	DAYS HOURS M
fied at	70. BI	RTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY S	OR COUNTY OF DEA	ATH
st be no	10 C	TOWSON	I. NAME OF HOSPITAL, NURSING  (IF NOT IN SUCH FACILITY, GIVE STREET A  MANOR CAR	G HOME OR OTHER INSTITUTION ADDRESS	120 USUAL OCCUPAT OFFE OF WORK FOR MOST O	ON 126 INDI	KIND OF BUSINESS USTRY UNTIN MAN
Miner mu	USU.	AL RESIDENCE (IF NURSING HOME OR OT STATE 136 COUNTY Balto	13c CITY OR TOWN		13. STREET ADDRESS.	Raspe AVen	ше
dical example (	14. F.A	THER'S NAME  John Fricke	DUE LAST	15. MOTHER'S MAIDEN N	AME	E	orest Hi
t, the me		VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W	AR OR DATES)	17 INFORMANT S218 Mrs. Lillian	Fricke c/o		
ior to burial, crema any injury, or othe	TION			EATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON		
s shows	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH (	OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	200. IF YES, WERE IN CERTIFYING C. YES	FINDINGS USED AUSES OF DEATH?
0, 00	1	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART I OR P	ART 2)
or Item	3	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	19			
marked or Item	MEDICAL			19 211 LOCATION STREET	CITY OR TO		NTY STATE
pt. of Health and Mental Hy Item 21 is marked or Item 1	MEDICA	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK  22e. I certify that (I) (bis-bospital saw the deceased plive an obove, (I) (we) (dight (and not)).	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA  ) ottended the deceased from 19	ARM, ETC.)  211 LOCATION STREET  23 FUNUAUF 19  2 and that in (my) touch apinion	city on to	wn county 8	om the couses stated
State Dept. of Health and Mental Hy ANT: If Item 21 is marked or Item 1	MEDICA	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this hospital saw the deceased plive an	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA  1) attributed the deceased from 19  2 completed in 19  2 completed in 19  2 completed in 19  2 completed in 19  3 completed in 19  3 completed in 19  3 completed in 19  3 completed in 19  4 compl	211 LOCATION STREET  231 LOCATION STREET  25 FINALISM  29 And that in (my) town apinion  DEGREE	city on to	wn county 8	om the couses stated
With the State Dept. of Health and Mental Hy IMPORTANT: If Item 21 is marked or Item 1		(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  22e. I certify that (I) (this hospital sow the deceased live an obave, (I) (we) (dja) (did not) with the source of the	P.M.  21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA  1) ottended the deceased from 19 8  view the body after death.  RINT)  KEES	211 LOCATION STREET  23 FUNUARY 19  Co. and that in (my) form apinion  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS  ADDRESS  ADDRESS  ATTENDING PHYSICIAN	m deoth occurred on the description of the descript	wn county 8	om the couses stated  SATE SIGNED  Couguility
With the State Dept. of Health and Mental Hy IMPORTANT: If Item 21 is marked or Item	23a B	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  22e. I certify that (I) (this hospital sow the deceased live an obave, (I) (we) (dja) (did not) with the source of the	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA  1) ottended the deceased from 19 8  view the body after death.  RINT)  KEES  23b. DATE  23c N	211 LOCATION STREET  211 LOCATION STREET  23 FUMUSAL, 19  Co., and that in (my) town apinion  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS  AME OF CEMETERY OR CREMATORY  Lair Memorial Gara	MEDICAL PHYSIC CITY OR TO PHYSIC CITY OR TO PHYSIC CITY OR TOWN	dote and hour and from the CIAN [ COUNTY air, M. COUNTY	om the couses stated OATE SIGNED OUGH

STATE OF MARYLAND

1/2/-1/1 9/1 etine aria rie a s cons itio o'c in in it, de oin tice 21-0-1 no. winder nice co 1501 with liver to de la mare mare a prima a l'elusing -- easin empire mens existing o'n . Tilen Inc-7-17 elain W.--1355

	TO HOSPITAL OH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral filled manner as should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 fruitsmin death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	n. Page 4	
	ter death	funeral hin 72 t
1201	hours af	n by the filed wit
AND 2	thin 24	y filled i
MARYI	cuted wi	empletel
IMORE,	e pe exec	n and co
L, BALT	ertificate	physicia papers. emoval.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	death c	carbon on, or r
W. PRES	that the	y the at remove cremati
5, 201	equires	signed b in please burial,
ECORD	he law r	as been mit. The prior t
VITAL	Cian.	ificate h nsit per Hygien
ON OF	PHYSIC	this cert wrial-tra Mental
DIVIS	NDING	R: After as the balth and
	4 ATTE spital or	RECTOI for use
	TAL O	RAL Dil Jetachec tate Dep
	retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicis should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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9	1-	FOR STATE REGISTRAR			DEI		NT OF HEA	OF MARYLA ALTH AND M ATE OF DI	ENTAL HYG	IENE B	O REG. N	0.	1 9	) 5	6	7
		EASED NAME	FIRST		MIDDLE	т	LAS			20 DATE OF		MONTH	DAY	YEAR	2b. HOU	
Jeseth 3	4		11 L T O		G.			NK				80	01	80		20P <sub>M</sub>
	3. SEX	Male	ľ	White			DATE OF		07 <sup>EAR</sup>	6. AGE (INYE	ARS LAST BIRT	THDAY)YR	MONTH	DER TYEAR	# UNDER	MIN.
n 72 m	со	THPLACE ISTATE OR FO		U.S.	Α.	V	WIDOWED	NEVER M	ORCED		WSON		NTY OF D	EATH		MD,
by the fuel within		LTIMORE	TH 1	1. NAME OF P	HEACHITY, GM	OURSING I	HOME OR ORESS) G	OTHER INSTI BMC TREET	NOITUT	12ª USUAL (TYPE OF WORL) Colle	FOR MOST C	OF WORKIN	G LIFE) IN		F BUSINI	ESS OR
filled in uld be fi	13a S1	Maryland	136 COUNT	timore	13c. CITY OF	E BEFORE AD R TOWN CEYSV	ille		NO <b>K</b>		address Hilla	ry W	ay			
empletely and 2 sho	14. FA1	Robert	MI	DDLE	Funk	ST	1.	F	MAIDEN NAM mst nna	ME	WIDDLE		Н	atch	t	24
ysician and con pers. Pages 1 ar oval.	16a W {YE	AS DECEASED EVER S, NO OR UNKNOWN) Yes	IN U.S. ARM (IF YES, GIVE W	PAR OR DATES	166 SOCIAI 216-0			niforman Mrs. R	uth V.	Funk	ADDRI 12 H		ry W	APPROXE BETWEEN		
n signed by the attending phy her please remove carbon paper to burial, cremation, or remove training by injury, or other traumatic for	NO	Conditions, if ony, gove rise to imm couse to statin underlying cause	which nediate g the lost	DUE TO, OI  DUE TO, OI  DUE TO, OI  (b)  (c)  NDITIONS CO	R AS A CON	SEQUENC SEQUENC	CE OF	OT RELATED	INFA	INAL DISEAS	E OR CON		GIVEN IN		OURS	}
ate has bee permit. T glene prior	CERTIFICATION	190 DATE OF OPERAT	NOI					WAS PERFOR		200 AUTO		206. IF		RE FINDIN CAUSES		TH?
physician. is certificate ial-transit pe lental Hygier or Item 18 st		218 ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING	AUSE OF DEATH	21b. TIME O HOUR A.	M. MONT	H DAY	YEAR 19	N HOW INJ	URY OCCURR	ED (ENTER NA	TURE OF INJUI	RY IN ITEM	18, PART TO	R PART 2)		
After this sthe burning the and M marked of	ME	214 INJURY OCCURE  WHILE NOT WE AT WORK	RK		EET, FACTORY, C		A, ETC )	II LOCATIO	0.0		CITY OR TOV	0.10		VINITY	51	TATE
pital or a iECTOR: for use a for Use a em 21 is	l l	220.1 certify that (1) sow the decease obove, (1) (we) (c	(this hospital d alive on_ (id) (did not)	attended the	3/01 ofter death.	from 80	1	that in (my) (	our) opinian o	, ta leoth accurre		ote and I	hour ond	from the		ated
by the hos ERAL DIR detached State Dept		226 SIGNATURE  MANU  226 PHYSICIAN'S NA	y /	- Fores	na	/	M	OREE AT PI	TENDING HYSICIAN	MEDICAL DIRECTOR	STA	FF CIAN D	1	8/	SIGNED 1/80	)
retained by the TO FUNERAL should be deta with the State		DR. MAR	ILYN	G. FO	REMAN			GREAT	ER BA			EDI	CAL	CE N	TER	
BP		Burial	REMOVAL	236. DATE 8-5-1	980			of Fa	ith		timor		COUNT	Marv		ATE
DHMH-16 25M (VRA 15, 4) 1/79	Ruc	NERAL DIRECTOR	Eunera	1 Home	Inc.	Tows	050 Y	Mary In	25 DATE	AUG	FGISTRAR		ISTRACES	SIGNAT	Roc.	wely

South a male Carlet In in ectain mande 01 10/20 03 10/20 en let main l'ambignet cause et l'active de l'active d

the death certificate be executed within 24 hours af

requires that

ATTENDING PHYSICIAN:

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the full should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be

H	1 -	STATE REGISTRAR		DEPARIM	CERTIF	ICATE OF DEATH	REG. NO	). D	7 2	0 0
	I. DEC	CEASED NAME FIRST	N	HODLE	Ļ	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
	1	PETER CH	ARLES G	ANGI			August 2			9:40a
	3. SE)	MALE	4 RACE WHI	TE	SEP	г 17 1916	6 AGE (IN YEARS LAST BIRT	HOAY FU	MDER I YEAR	IF UNDER 24 HRS HOURS MIN.
G	7a. 81	RTHPLACE (STATE OF FOREIGN	16 CITIZEN OF V	what COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	Baltimore city o			M
7		ITY OR TOWN OF DEATH BALTIMORE	II. NAME OF H	OSPITAL, NURSIN HEACHTY GIVE STREET, KLIN SQ	G HOME C	HOSPITAL	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O MAINTENA)	ON F WORKING LIFE)		F ED.
5	USUA 13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		GIVE RESIDENCE BEFORE  130 CITY OR TOW  BALTO	ADMISSION)	136 INSIDE CITY LIMITS?	130 STREET ADDRESS 4030 KL	AUSMIE	R RD	
30	14 FA	SALVADORE	MIDDLE	GANĞI		15. MOTHER'S MAIDEN NA/ FWST	UNKNOWN		ta:	57
1	16a V (1	VAS DECEASED EVER IN U.S. AR. YES HOOFUNKNOWN) (IF YES GYE	MED FORCES? WAR OR DATES)  I I	213-03-		NELLIE GAN	GI (WIFE)	SAME	ADDR:	ESS
The Part of	N	Canditions, if ony, which gove rise to immediate cause (o), stoling the underlying couse lost.  PART 2 OTHER SIGNIFICANT (	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(	01
)	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFY IN YES	G CAUSES	
7	_	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	1 110110 1	M. MONTH DA	YEAR	21c. HOW INJURY OCCURE				
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET	CITY OR TOV		COUNTY	STATE
		22a. I certify that (I) (this hospi saw the deceosed alive on above, (I) (we) (did) (did no	Augus	t 2. 19 8	Augu 30 - °	ISt 2, 19 80 and that in (my) (our) opinion in	, taAUGUS death occurred on the de			
		276. SIGNATURE	ainspel			DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c DATE	SIGNED 2180
		270. PHYSICIAN'S NAME (TYPEO	R PRINT)			220 ADDRESS 9000 Frankl	in Sq. 212	237		
	23a. E	Burial, cremation, removal Burial	236. DATE 8/5/8		rame of c	emetery or crematory s of Faith	234 LOCATION CITYOR TOWN Balto	cou	INTY	Md.
	2'S	CENTENEK FUNE	ERAL HO	ME INC. Bel	970 air	2 INTIC	FREC'D. BY REGISTRAR	25b. REGISTRAF	/Xer	rendy

B. CHEROLE S. S. C. S. C

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in the should be detached for use as the burnol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be then with the State Dept. of Health and Mental Hygiene prior to burnol, cremotion, ar removal

OR ATTENDING PHYSICIAN: The low

retained by the hospital or attending physician

DHMH - 16 60M 1/75

(VR A 15 (4))

(TYPE	CEASED NAME FIRST CHAR	LES	H. G	ENTNE	R, SR.	20 DATE OF DEATH August 27		2b. HO
3 SE		4 RACE White		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR	•	
Ne	IRTHPLACE STATE OR FOREIGN COUNTRY)  W YORK	USA	WHAT COUNTRY?	8 MARRIEI WIDOWE	D NEVER MARRIED DIVORCED		DR COUNTY OF DEA	
C	atonsville	63 Ec	Imondson R	appress)	Road	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Salesman	OF WORKING LIFE) INDL	(IND OF BUSIN JSTRY Pal Mil
13a. S Ma	aryland B	e or other institution of the control of the contro	N, GIVE RESIDENCE BEFORE 13c CITY OR TOW Catonsvi	N	<u> </u>	13e STREET ADDRESS 63 Edmon	ndson Ridg	e Road
14 FA	ATHER'S NAME August	WIDDIE	Gentner		15 MOTHER'S MAIDEN NA FIRST Maryann	WE	Kell	<b>y</b> LAST
		ARMED FORCES? GIVE WAR OR DATES)	164-07-9		Mrs. Anne Ge	ntner, 63 E		2122 Ridge R
	4/48 Conditions, if ony, which	1	DR AS A CONSEQUE	NCE OF	780	mZ Wo	reen	17
ICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICAL 19a DATE OF OPERATION	DUE TO, (c)  NT CONDITIONS C	DR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM		DITION GIVEN IN P.  20b. IF YES, WERE IN CERTIFYING C.	FINDINGS USE
AL CERTIFICATION	gove rise to immediate couse (OI, stofing the underlying couse lost PART 2 OTHER SIGNIFICAL 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	DUE TO, C  ONT CONDITIONS C  19b. CONE	OR AS A CONSEQUE  CONTRIBUTING TO E  DITION FOR WHICH  OF INJURY  A.M. MONTH DA	OPERATION  AY YEAR	NOT RELATED TO THE TERM	200 AUTOPSÝ? YES NO	20b. IF YES, WERE IN CERTIFYING CA	FINDINGS USE AUSES OF DEA NO [
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STATE OF MARYLAND

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du	-		E ORPRINT)	RST	MIDDLE		AST C-	20 DATE OF DEATH		YEAR 25 HOUR
ay be	(NA)			CHAEL	J.		ENN Sr.			30 7:00A M
age 4 m		3 SE	Male	4 RACE Whi	te	S. DATE O	30,1895 YEAR	6 AGE (IN YEARS LAST BIRT	MONTHS YRS	DAYS HOURS MIN
death. P	72 hour		IRTHPLACE (STATE OR FORE OUNTRY)  Md.	IGN 76 CITIZEN	OF WHAT COUNTRY?	MARRIE WIDOWI	D W NEVER MARRIED	BALTIMORE CITY O		
urs after	by the fu	in a	OWSON		IN SUCH FACILITY, GIVE STREET	IG HOME (	RLES ST.	12e USUAL OCCUPATE	ON 12b. I	KIND OF BUSINESS OR USTRY
hin 24 ha	filled in uld be fil	USU 13a	AL RESIDENCE (IF HURSING STATE 13	HOME OR OTHER INSTIT	134 CITY OR TOW Baltimos	E ADMISSION) 'N CE	134. INSIDE CITY LIMITS? YES M NO	13. STREET ADDRESS 2226 Louis	<i>y</i>	
uted wit	nd 2 short	14 F	Martin	WIDDLE	Glenn LAST		15 MOTHER'S MAIDEN NA Ellen	MIDDLE	Durkin	LAST
MOKE,	Pages 1 a		WAS DECEASED EVER IN YES, NO OR UNKNOWN) (1	U.S. ARMED FORCE FYES GIVE WAR OF DATE WWW I			17 INFORMANT Mr. Michael C	ADDR J. Glenn Jr.		ville l Joppa Rd.
ORDS, 201 W. PRESTON ST., BALI Bow requires that the death certificat	een signed by the attending physicis. Then please remove carbon papers. or to burial, cremation, or removal. any injury, or other traumatic even	NOI	Conditions, if any, we gave rise to immediatelying cause	CAUSED BY: MEDIATE CAUSE ( Thich fiate the lost.	O, OR AS A CONSEQUE  O, OR AS A CONSEQUE  ()	id Co	lon with GT R			APPROXIMATE INTERVAL TIMEEN ONSET AND DEATH
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DIVI	ECTOR: After to use as the officer use as the officer use as the officer as the officer as the after a few 21 is marked.		220 1 certify that (I) (the saw the deceased abave, (I) (we) (did	olive on8—	27 19	8–2 80_, .	23 , 19 80 nd that in (my) (our) apinion	to 8-2/	19_8	

DEGREE

23c NAME OF CEMETERY OR CREMATORY

Parkwood

22e ADDRESS

ATTENDING

GBMC-6701

TO FUNERAL DIRECTO should be detached for us with the State Oept, of H IMPORTANT: If Item BP DHMH-16 25M (VRA 15, 4) 1/79

22h. SIGNATURE

(SPECIFY)

Burial

23e. BURIAL, CREMATION, REMOVAL

224. PHYSICIAN'S NAME (TYPE OF PRINT)

S. GIRDHAR, M.D.

Aug. 29, 1980 24 FUNERAL DIRECTOR Leonard J. Ruck Inc. Baltimore, Maryland

23b. DATE

Baltimore Md. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIMINAL

N. CHARLES ST.

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

23d LOCATION

22c. DATE SIGNED

COUNTY

8-27-80

STATE

MD.

Article of the last transfer of

MARTS TO TELEST.

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	1			STATE OF MARYLAND				
	1.	FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE 8 0	0.	9 5	7 1
pe de la constante de la const		CEASED NAME FIRST RO. ROBERT	BERT MIDDLE	Tod win	20 DATE OF DEATH	MONTH DAY	YEAR SO	26. HOUR 8-45AM
00 be 4 100	3 SE	Male	A RACE White	S DATE OF BIRTH MONTH OAY YEAR	6 AGE (IN YEARS LAST BIRT		THE DAYS	IF UNDER 24 HRS HOURS MIN
Of once.	11/4	RTHPLACE (STATE OR FOREIGN OUNTRY) Georgia	Th CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED   WIDOWED   DIVORCED	Baltimore city o	R COUNTY O	FDEATH	MD.
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hould be	2	nd. Pur	OTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c CITY OR TOW SE GROWY COLLEGE	Port YES NO 1	13. STREET ADDRESS	Imors	Hon 1	20.
completely s I and 2 sh		ather's NAME Certhur	MIDOLE HAST	Vin Pauce	WIODIE		LAS	Head
Poge medic		NAS DECEASED EVER IN U.S. AF yes, no or unknown] {if yes, gn 3 43	MED FORCES? 166 SOCIAL SECU EWARDROATES) -12-44721016	0946 Mus R. H	odeli .770	O Edmer	eston.	Park, Md
g physicio onpopers emoval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	oly one couse per line for (a), (b), on D BY:  TE CAUSE (a) MY 0 (	ardial infarction	-		BETWEEN	MATE INTERVAL ONSET AND DEATH
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The low non.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES [	G CAUSES	OF DEATH?
sicians in a physical certificate ricol-tronsit ental Hygi them 18 sh		2]a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		19	D (ENTER NATURE OF INJUS	RY IN ITEM 18, PART	OR PART 2]	
ottendir ottendir ther this os the bu h and Mi	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	CITY OR TOW	/N	COUNTY	STATE
spitol or STOR: A for use of Healt		sow the deceased alive on	tol) ottended the deceased from	2 - 27 - 19 79 so and that in (my) (our) opinion de	eoth occurred on the do	ote and hour a		that (I) (we) fast causes stated
y the hoval		22b. SIGNATURE	alga	DEGREE ATTENDING PHYSICIAN	MEDICAL STAP		22c. DATE	SIGNED 9
HOSPII bined b build be the St		DAR SHAN	S. SALUJA	+ 1200 MT	RoyalA	ne	Bell	021217
BP		BURIAL, CREMATION, REMOVAL SPECIFY: Cremation		NAME OF CEMETERY OR CREMATORY edar Hill Crematory		and, Ma		
DHMH-16 20M (VRA 15, 4) 7/7B	24 F	UNERAL DIRECTOR Jose NAME 5130 Visc.	ph awler's Sons ve., N.W. Wash.,	7110	REC'D. BY REGISTRAR AUG 1 5 196			

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2	FOR STATE REGISTRAR	DEPAR	MENT OF HEALTH AND MEN CERTIFICATE OF DEA		19514
E #	1 DECEASED NAME FIRST (TYPE OR PRINT) Juli	a E	Goetz	August 1	MONTH DAY YEAR 25 HOUR
ector, page 3 safter death	1 SEX Female	White	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	
neral dire	70 BIRTHPLACE ISTATE OR FOREIGN COUNTRY! Hungary	76 CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED   NEVER MARI	RED BALTIMORE CITY OF	R COUNTY OF DEATH
by the fun ed within	Overlea	11. NAME OF HOSPITAL, NURS IF NOTINGUE FACULTY, GIVE STREET 105 Manor	Avenue	TION 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEW)	ON 126 KIND OF BUSINESS OR INDUSTRY
nin 24 ns	USUAL RESIDENCE (IF NURSING HOMEO 130 STATE 180 COU Maryland -	ROTHER INSTITUTION, GIVE RESIDENCE BEFORM  134 CITY OR TO BALTIM		imits?   i3. street address   1436 Hai	abert Street
xecuted with the completely and 2 shown medical examples.	14. FATHER'S NAME FIRST	Zorna Zorna	IS MOTHER'S MA	Unkrown	LAST
Pages 1 and cc	160 WAS DECEASED EVER IN U.S. AF (YES, NO ORUNKNOWN) (# YES, GN	E WAR OR DATES)		Barbara E. Ko	llman 105 Manor A
physicia papers. removal.	PART I. DEATH WAS CAUSE	nly one couse per line factor, (b), of the CAUSE (a)	iai anist		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 7 7 7
nat the death of the attending remove carbor cremation, or or other trauman	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE TO OR AS A CONSEQ	DI myre	adial dans	ege 2 yrs.
een signed be Then please or to burial, any injury, o	PART 2 OTHER SIGNIFICANT	conditions contributing to	DEATH BUT NOTRELATION	THE TERMINAL DISEASE OR CONE	DITION GIVEN IN PART 1(0)
n	19e DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORME - -	200 AUTOPSY? YES NO	200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \to NO \to
physician scertifice al-transit ental Hyg	OR CONTRACTOR CONTRACTOR OF OR	HOUR A.M. MONTH	DAY YEAR	Y OCCURRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
After this sthe buring the and M marked o	OR CONTINUOU IN C. LAUSE OF DE LE	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.) 211 LOCATION STREET	CITY OR TOW	N COUNTY STATE
RECTOR:	saw the deceased alive ar above, (I) (www.did) (did	ital) attended the deceased fram 19 th view the bady after death.	7	9, ta	19 that (I) (we) lost te and hour and from the causes stated
y the hosy RAL DIR detached tate Depi	22h SIGNATURE	MIL	PHYS	NDING MEDICAL STAF	
TO FUNE should be with the St	22d. PHYSICIAN'S NAME (TYPE OF	s M-Kerr	1410 680,	Belair de	Zel 2/206
BP	Burial, Cremation, REMOVAL (SPECIFY) Burial	0 / /0	NAME OF CEMETERY OR CREM	etery Baltimo	
DHMH-16 25M (VRA 15, 4) 1/79	Charles I St 1501 Eas	evens Fun <b>eral</b> t Fort Avenue	Home, Inc.	AUG 1 8 1980	FUFTY SECRETARY

STATE OF MARYLAND

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	TO HOSPITALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
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5		FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO	
		CEASED NAME FIRST POPER FOR THE CORPRINT!	RT L	GORDON	20 DATE OF DEATH	3 - 18 - 80 3 5 8 M
W	3 SE	x male	RACE white	S DATE OF BIRTH MONTH DAY YEAR NOV. 11. 1917	6 AGE (IN YEARS LAST OUT H	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
72 hour	70. B	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY		0 /	COUNTY OF DEATH
within be notifi		ITY OR TOWN OF BEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION TADDRESS	170 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF	IN KIND OF BUSINESS OR
be filed in by	USU	AL RESIDENCE IF NURSING HOME OF STATE 136 COU	NOTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOV	VN 134 INSIDE CITY LIMITS?	Machinist 13. STREET ADDRESS	Сорреп
2 should		Manyland Bal ATHERS NAME FIRST	timone Balto. H	15. MOTHER'S MAIDEN NA	2709 Anh	utus Avenue
o tand		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRES	SS
sician an ers. Page /al.		no n/	a 236-03-	0879 Mrs. Rosetta	M. Gardon	2709 Ambutus Avenue
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led by the lease reminial, creminal,		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ulitio le	go 0	Weeks
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ate has b t permit. giene pri	CERTIFICATION	19a DATE OF OPERATION		1 OPERATION WAS PERFORMED	YES NO	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \bigcap  \text{NO}   \qquad
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etal or at ECTOR: or use as of Healt m 21 is r		220-1 certify that (I) (this hasp saw the deceased alive ar	attended the deceased from 19	So, and that in Imy) (our) apinian	death occurred on the dat	te and haur and fram the causes stated
by the hosp ERAL DIRE e detached f State Dept. ANT: If Ite		276. SIGNATURE Soon elu	el Hone	DEGREE ATTENDING PHYSICIAN (	MEDICAL STAFF	
retained by th TO FUNERAL should be deta with the State IMPORTANT		SOON CHU	2 UHON	19 Baltinooc	County &	Reneral Hospis
BP	,	BURIAL, CREMATION, REMOVAL SPECIFY! Burial	0/22/02	NAME OF CEMETERY OR CREMATORY edan Hill Cemetery.	Brooklyn	A.A. Maruland
DHMH-16 25M VRA 15, 4) 1/79		INERAL DIRECTOR Mbrose Juneral	Home 1328 Sulp		G 21 1980	Sh. REDISTRAR'S SHENATURE





FOR

REGISTRAR

- STATE

m r		CEASED NAME FIRST		MIDDLE	ı	AST	20. DATE OF DEATH MON	TH DAY YEAR	2b. HOUR
page 3	(	THEL	.MA	Ε.	GORD	ON	8/5/8	30	12:
- O	3. SE	x	4 RACE		5. DATE C		& AGE (IN YEARS LAST BIRTHDAY	MONTHS DAY	_
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The state of the s		Maryland	US		WIDOWE		BALT IMOR		
within within	10 C	TOWSON				MED. CENTER	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	RKING LIFE) INDUSTI	
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sho	14. F/	ATHER'S NAME	1 142		111	15. MOTHER'S MAIDEN NA	ME	400 - 10	
901 -		William	MIDDLE	Spurrier		Gerti	rude Fro		LAST
E ,		WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRESS	7021	
Pages the r	(	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	215 03	5027	Grover C. Go	ordon Sa	ume	
sicia ers. val.		18 CAUSE OF DEATH (Enter of	only one couse pe	r line for (o), (b), on	d ter i			APPR BETWE	OXIMATE INTER
phy pap remo		PART I. DEATH WAS CAUS	ED BY. ATE CAUSE (0)	LIVER	FAIL	URE			
or bor		1579		R AS A CONSEQUE	ENCE OF				
atter ve ca ation er tr		Conditions, if ony, which	( 1b)_	METAST	TASIC	DISEASE			
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DIRECTOR: After this certificate has been ched for use as the burial-transit permit. The Dept. of Health and Mental Hygiene prior: If Item 21 is marked or Item 18 shows any		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 270. 1 certify that (1) (this hoss sow the deceosed dive o obove. (1) (we) (did) (did)	21b. TIME ( HOUR A R)  21a PLACE (AT HOME, S)	OF INJURY .M. MONTH DM. OF INJURY REEL, FACTORY, OFFICE, F	AY YEAR 19 FARM, ETC.)	211. HOW INJURY OCCURE  211 LOCATION STREET  7/25 19 80 and that in (my) (our) opinion of the company of the co	YES NO	CERTIFYING CAUS YES  TITEM 18, PART T OR PART 2  COUNTY  19 80  272. DA	ES OF DEAT NO [1)
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ERAL DIRECTOR: After this certificate has been detached for use as the burial-transit permit. The State Dept. of Health and Mental Hygiene prior ANT: If Item 21 is marked or Item 18 shows an		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a I certify that (I) (this has sow the decosed alive a above, (I) (we) (did) (did not solve).	21b. TIME ( HOUR A R)  21e PLACE (AT HOME, SI  05itol) ottended til n 06i) view the body	OF INJURY .M. MONTH DM. OF INJURY REET, FACTORY, OFFICE, F	AY YEAR 19 FARM, ETC.)	211. HOW INJURY OCCURE  211. LOCATION STREET  7/25 19 80 and that in (my) (our) opinion of the company of the c	YES NO	CERTIFYING CAUS YES  TITEM 18, PART T OR PART 2  COUNTY  19 80  272. DA	ES OF DEAT NO
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

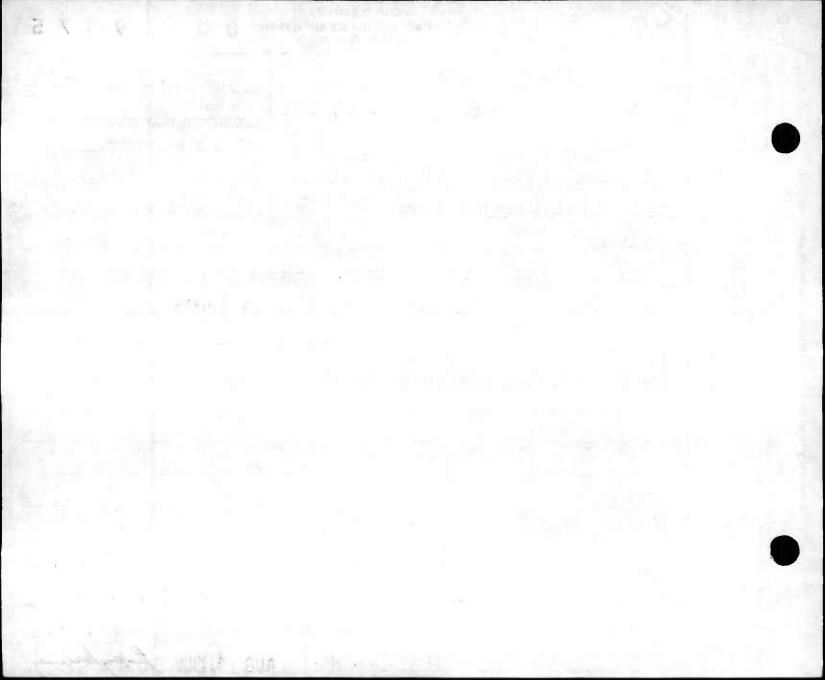
CERTIFICATE OF DEATH

REG. NO

2b. HOUR 12:50.PM IF UNDER 24 HRS

THE THE CONTROL OF THE LOCALITY WAS COMED BY COME OF THE PROPERTY OF THE PROPE E-Curs entrante de Core de la Cor WARIANA Spineston - Gororodo Lycela THE SIS OF SUET STOWER U. BORDON SERVE

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	,	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND IENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 0	1 9	5 7 5
e 3 ath		CEASED NAME FIRST EORPRINT) Willi	iam Milton	Gray	August	3. 1980	YEAR 26 HOUR.
after de after de ce.	3 51	x Male	4 RACE Caucasian	Feb. 14, 1921	6 AGE (IN YEARS LAST BIRTH	MONTHS	DAYS HOURS MIN
72 hours after		IRTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?  USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore CITY O		
Do no	10 (	Baltimore	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A 708 Braeside	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (1798 OF WORK FOR MOST OF Salesman	ON 12b. I FWORKING LIFE) INDI	KIND OF BUSINESS OR USTRY LUTO
should be filed examiner must	13e. [V	aryland Bal	other institution, give residence before 130. City or town timore Baltimo	TE YES NO X	13. STREET ADDRESS 708 Braes	side Rd.	21229
23	14. F	ATHER'S NAME FRST Milton	MIDDLE LAST Gray	15. MOTHER'S MAIDEN NA FIRST Emily	WE	K	(ershaw
oval.		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE YES W	WAR OR DATES)	17 INFORMANT 5461 Mrs. Marga:	ret Gray	ss Same as	
s been signed by the attendin iit. Then please remove carbo prior to burial, cremation, or ws any injury, or other traum	CATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT O			MINAL DISEASE OR COND	20b. IF YES, WERE	FINDINGS USED
ial-transit perm fental Hygiene or Item 18 shot	CERTIFICATION	21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		Y YEAR 216 HOW INJURY OCCUR	YES NO	YES 🗌	AUSES OF DEATH? NO PART 2)
of Health and N m 21 is marked	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED WHITE PROPERTY OF W	P.M.  21a PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FACTORY)  101, CAPPINGS THE deceased from	19 211 LOCATION STREET , and that in (my) our ppinion DEGREE	city or tow death occurred on the do	19 3 ite and haur and fr	, that (I (we) lost
TO FUNERAL OIRE should be detached it with the State Oept. IMPORTANT: If Ite	230	22d PAYSTCIAN'S NAME (TYPEO Diana H. (	Griffiths M.D	M.D. ATTENDING PHYSICIAN [ 220 ADDRESS St. Agnes  AME OF CEMETERY OR CREMATORY	9	IAN	Aug. 4, 19 on Avenue 21229
		BURIAL, CREMATION, REMOVAL BURÍAL UNERAL DIRECTOR	8/6/80 Oal	k Lawn Cemetery	ESSEX	Baltimo	
HMH-16 25M RA 15, 4) 1/79		acNabb Funera	al Home Caton		AUG 4 198	Ripa	y helvery



ADDRESS.

CONNEC

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26. HOUR

LAST

NO T

STATE

STATE

IF UNDER 24 HRS

**DHMH-16 25M** 

(VRA 15, 4) 1/79

FOR

- STATE

The state of the s CENTRAL AT GREEN THE HOSTER THE KINDY THE THE WORLD STORE THE Bland all adding the same the termination to the copies of the states 2/2 - 78 - 2/2 - 50 There the tell of the Becco that a total west to a south continue Earl State - The State State -  3 U.A.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74

TO HOSPITAL OF ATTENDING PHYSICIAN retained by the hospital or attending physician.

Page 4 may be

10	1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL H ICATE OF DEATH	YGIENE	REG. N	0.	9 3	
_		EASED NAME OR PRINT)	LUÇRET.		A	-	OVES J	2a DATE	OF DEATH	8-14	AY YEAR	20. HOU
once.	3 SEX	FEMALE	1	RACE BLAC	CK	JULY	2, 1941 YEAR	6. AGE (1	N YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER
ied at or	7a, BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MARYLAND		OREIGN 7	76 CITIZEN OF WHAT COUNTRY?			NEVER MARRIED	BAT	MORE CITY C	R COUNTY		
to not	All I	Y OR TOWN OF DEA		1. NAME OF HO	OSPITAL, NURSIN	G HOME O	ROTHER INSTITUTION	12a USU. (TYPE OF W	AL OCCUPAT	F WORKING LIFE		
ainer mus	USUA 136 S MA	L RESIDENCE (IF NUR TATE RYLAND	SING HOME OR O	THER INSTITUTION, G	BALTIMOF	ADMISSION)	136 INSIDE CITY LIMITS	-	ET ADDRESS JEFFLA		,	
Secar Seca Secar S		THER'S NAME LBERT TRUZ	XON "	DDLE	LAST		GEORGIA	VAME THOMPS	ON MIDDLE		is ca	.51
event, the med	16s W	(AS DECEASED EVER ES, NO OR UNKNOWN)	IN U.S. ARM	(AB OR DATES)	6 SOCIAL SECU 216-38-89		17 INFORMANT REV. RUSSEL	L GROVI	ADDRI ES 3132		LAND R	OAD
ther traumatic		Conditions, if any gove rise to imi	mediote	(b)	AS A CONSEQUE		meta	tas	is	13	0	
ws any injury, or other traumatic	CATION	gove rise to improve to couse (a), status underlying couse	which mediate ing the e lost	DUE TO, OR .  (c)  ONDITIONS CON	AS A CONSEQUE	NCE OF	MOT RELATED TO THE TE		ASE OR CON	20b. IF YES	, WERE FIND	NGS USED
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STATE OF MARYLAND

LEROV O. DYETT.

A A C C L C L C Manual Company of the Company of th

	FOR STATE REGISTRAR			DEPARTA	AENT OF H	E OF MARYLAI IEALTH AND M ICATE OF DI	ENTAL HYG	SIENE 8	REG. NO.	A SAME	3	1	8
	CEASED NAME OR PRINT)	ovinni		Elizabet		asi Fuckert		20 DATE OF I			14 80	26. HO	UR M
SEX	Female	4	race Wh	ite	S DATE C		YEAR 1905	6 AGE (IN YEA	RS LAST BIRTHD		MONTHS DAY		MIN
Scotland U.S		U.S.	ITIZEN OF WHAT COUNTRY?  WARRIED NEVER MARRIED WIDOWCED WIDOWCED DIVORCED				1 BALTIMORE CITY OR COUNTY OF DEATH				MD.		
	andallstou			urt Nursi	-	ome		Homemo					worke
5	AL RESIDENCE IN NURSITATE  MD  THER'S NAME	Balti	1	Noodlawy	N	13d INSIDE CIT YES	40 XX	130 STREET AL 6705 W		t Ave	е	2120	7
	Robert	MID	DLE	Scott		Ma			MIDDLE		Hol	mes	_
IY	VAS DECEASED EVER VES. NO OR UNKNOWN) NO	IN U.S. ARME		166 SOCIAL SECU 216-16-17		Rt. 1	Mrs. Box 74	Betty I I, Holtw	Parks 100d	PA .	17532	9	
	PART 2 OTHER SIGN	/AS CAUSED B IMMEDIATE (  , which mediate ng the lost.	DUE TO, O	R AS A CONSEQUE	NCE OF	Lè Ca			OR CONDIT	TON GIV	1-	DXWATE INT	DOEATH
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		CONDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOF	PSY?	200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \bigcap  \text{NO} \( \bigcap \)		ATH?			
	OR CONTRIBUTING	21g, ACCIDENT WAS UNDERLYING 21b, TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING AUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER) P.M.			Y YEAR	21c HOW INJ	JRY OCCUR	RED (ENTER NATU	IRE OF INJURY II	N ITEM 18, P	ART I OR PART 2	1	
	21d. INJURY OCCUR WHILE NOT W AT WORK AT WO	HRE []	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	٧		CITY OR TOWN		COUNTY		STATE
	220.1 certify that (1) sow the decease above, (1) (we) (0 22b. SAGNATURE	ed alive on		19	, or	nd that in (my) (	19 our) opinion	to death occurred	on the date				toted

MPORTANT: If Item

DHMH-16 25M (VRA 15, 4) 1/79

Michael Pearlman, M.D. 236. DATE 230. BURIAL, CREMATION, REMOVAL

224 PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

5400 Old Court Rd., Randallstown, MD 234 LOCATION CITY OF TOWN

STATE

Burial 8/16/80 Lorraine Park Cemetery Woodlawn Baltimore

14 FUNERAL DIRECTOR Loring Byers Funeral Directors, P.A. 124 DATE RECT. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

8728 Liberty Rd., Randallstown, MD 21133 AUG 1 9 1980 Burial 8/16/80

231. NAME OF CEMETERY OR CREMATORY

AUG IS 1980 Person husbandy

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.

	1 -	FOR STATE REGISTRAR	DEF	CERTIFICATE OF DEATH	REG. NO.	2 /
		CEASED NAME FIRST	MIDDLE	LAST	26 DATE OF DEATH MONTH DAY	YEAR 26. HOUR
	(111)	KENN	ETH A.	GUNN	August 13, 1980	11:40
- 3	3 SE	x	4 RACE	5 DATE OF BIRTH		DER 1 YEAR IF UNDER 241
DC:		127	W	MONTH 9/30/04 YEAR	7.5 YRS MONTH	S DAYS HOURS M
at once		RTHPLACE ISTATE OR FOREIGN	Th CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF D	DEATH
25/1	C	OUNTRY) /LL	USA	WIDOWED DIVORCED	Baltimore County	
00	10 C	ITY OR TOWN OF DEATH		RSING HOME OR OTHER INSTITUTION	170 USUAL OCCUPATION 12	L KIND OF BUSINESS
57	R	OSSVILLE	FRANKL	IN SR.	(TYPE OF WORK FOR MOST OF WORKING LIFE) IN	DUSTRY
m.	USU.	AL RESIDENCE (IF NURSING HOME CONTACT 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE E	DEFORE ADMISSION) TOWN 1134. INSIDE CITY LIMITS?	13e STREET ADDRESS	
25		America	ALTO ESS	YES NO D	64 ORVILLE	RO
exau	14. FA	ATHER'S NAME		15 MOTHER'S MAIDEN NA		
30		TOHN	L= CIPLIN	MADLE	ANDERSON	LAST
med		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIALS	SECURITY NO 17 INFORMANT	ADDRESS	
the (	(,	YES, NO OR UNKNOWN) (IF YES, GF	WE WAR OR DATES)	078969 104 6	comme 4B	CHE
event,	-		12			APPROXIMATE INTERVA
o ev		PART I. DEATH WAS CAUS		Inferior Myocardial	Infarction	BETWEEN ONSET AND DE
Tat.		IMMEDIA	ATE CAUSE (0) ACULE 1	tiller for myocardiar.	Illiarction	
ā		410-	DUE TO, OR AS A CONSE	FOUENCE OF		
5						
ner tr	k.	Conditions, if any, which	(b)			
r other tr	h	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE			
ry, or other tr		gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSE	EQUENCE OF		
y injury, or other tr	N	gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSE		MINAL DISEASE OR CONDITION GIVEN IN	N PART 3(o)
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STATE OF MARYLAND

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DHMH - 16 50M 1/76 (VR A 15 (4))

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DECEASED NAME

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STATE OF MARYLAND

CERTIFICATE OF DEATH

B. HAAS /

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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INDUSTRY

12b. KIND OF BUSINESS OR

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USU A 130. S1	ATE ATE	136. COUNTY	rfax	135-CITY O		IN)	13d. INSIDE C	NO A	130. STR	PEET ADDRESS	te Flan	er C	4 221	50
	FATHER'S NAME FRST Avelino		Ha la	st agao		15. MOTHER'S MAIDEN NAME FIRST Concepcion					Jimeno			
	VAS DECEASED EVER S. NO. OR UNKNOWN) NO	IN U.S. ARMEI (IF YES, GIVE WAI N/A	R OR DATES)	16b. SOCIA 229-1	L3-81		Fath	er -	Avel Same	ino Hal	DDRESS agao e			
7	18. CAUSE OF DEAT PART I DEATH W  Canditians, if a gave rise to cause (a) stating lying cause last.  PART 2 DTHER SIGNIFICAN	AS CAUSED B  IMMEDIATE ( any, which immediate the under-	(b)	Dro R AS A CONSE	EQUENCE	OF OF							APPROXIMATI	
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DICAL CER	21d. EXTERNAL CAU UNDERLYING CONTRIBUTING 21d INJURY OCCUR	OR CAUSE OF DEA	ATH 42	M. MONTH D	1981	RR			ments, sale	MATURE OF INJURY I	0 1		-wn	whie

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APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH

22a. I certify that I taak charge of the remains described above, held on death resulted from

Inspection Hamicide

TITLE (SPECIFY

Inquiry and in my apinian Undetermined manner

SIGNATURE EXAMINER'S NAM TYPE OR PRINT

ACTUAL

AT WORK

ME

FOR - STATE

DECEASED NAME

23C NAME OF CEMETERY OR CREMATORY

23d. LOCATION

Fairfax

Va.

BP **DHMH-17** (VR A15 ME (5)) 15M 7/77

Aug 6, 80 Burial

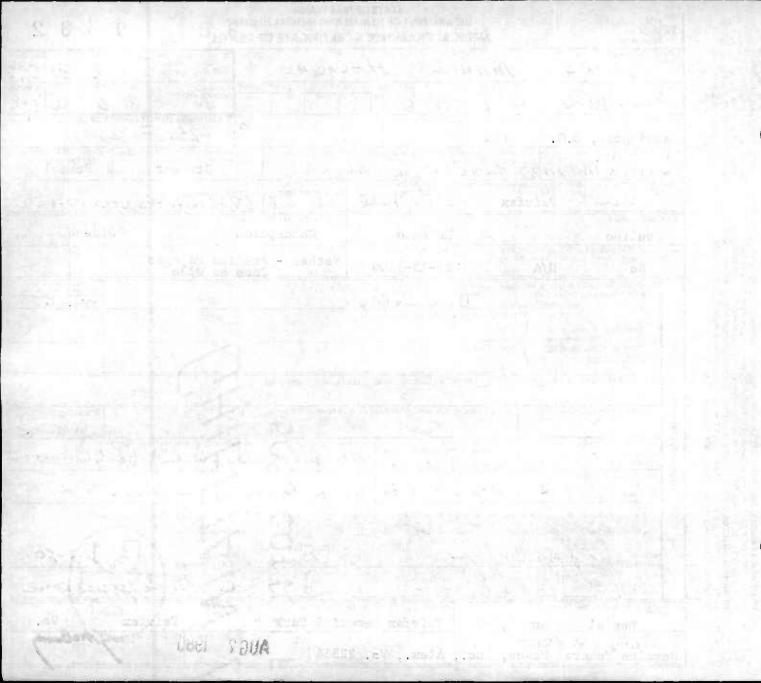
23a. BURIAL, CREMATION, REMOVAL 23b. DATE

Fairfax Memorial Park

24. FUNERAL DIRECTOR FOR THE PROPERTY ADDRESS

Demaine Funeral Homes, Inc., Alex., Va. 22314

250. DATE REC'D BY REGISTRAR'S SIGN



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No.	PP	Such be notified of once	USUAL RESIDENCE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	0	1	9	S	8	
CERTIFICATE OF DEATH		REG. NO.					

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BP DHMH - 16 50M 7/77 (VR A 15 (4))

DIPPRL BROTHERS INC. 7110 Belair Rd.

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate retained by the haspital ar attending physician.

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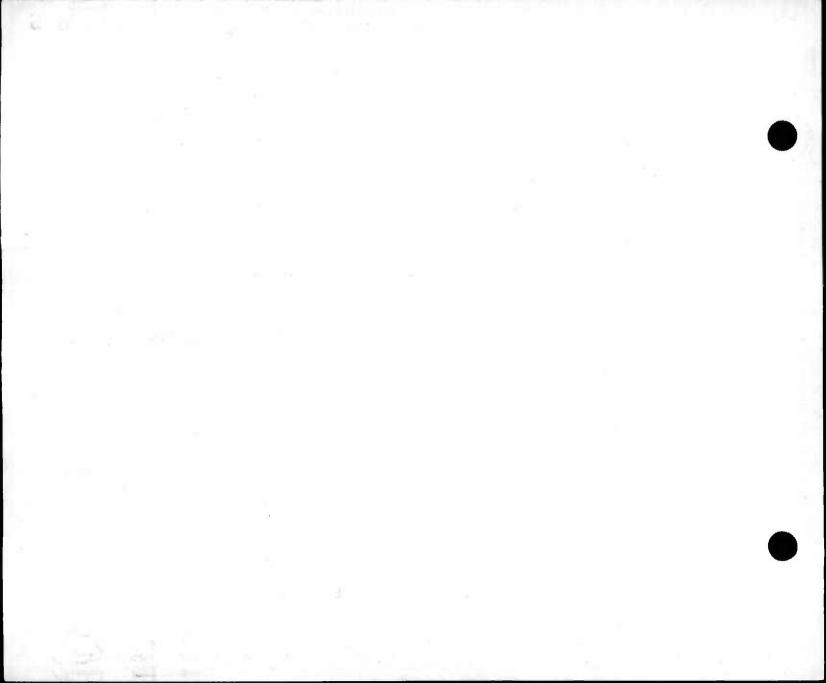
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Aug 27, 80 Balifadre Gentory Islau<sup>6</sup> Allimore, Mi. T. Millmore, Mi. Millmore, Mi. Mi. Millmore, Mi. Mi. Millmore, Millmore, Mi. Millmore, Mi. Millmore, Mi. Millmore, Millm

TAGS MARRIED UD. DALITHER BARYLAND

Harris Garantele

	FOR STATE	DEPART	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 0 .	9 5 8 5
	REGISTRAR  1. DECEASED NAME FRST	MIDDLE	LAST	REG. NO.	DAY YEAR 2b. HOUR
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4	3. SEX	4 RACE	5 DATE OF BIRTH		WONTHS DAYS HOURS MIN.
as of the state of	Female	Caucasian	6 26 1896		
O P	7a. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
in 72	MARYLAND	u.s.	WIDOWED DIVORCED		County MD.
P + P	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126. KIND OF BUSINESS OR
p (5)	CATONSVILLE	HOUSE IN THE		Housewife	Dwn Home
d in b	USUAL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)		
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tely fi	14 FATHER'S NAME	THOIS MODGIA	IS MOTHER'S MAIDEN N		A Averide
and 2	FIRST	WIDDLE LAST	FIRST	MIDDLE	C. L. L. L.
	JACOB	Lierman		ADDRESS	Sibbels
n and co	160 WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	1		
	No.	214-74-	-6587 William M.	HANF Same as #13	
physicia anpapers emaval event, the	18 CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), a	ind (cs)	. ,	BETWEEN ONSET AND DEATH
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ny if	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF YES	, WERE FINDINGS USED
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phys phys iffico			DAY YEAR	THE CONTRACTOR OF PRODUCTION	an i on ran a)
Secretary of the second secretary secretary secretary second seco	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
this this day	OR CONTRIBUTING CAUSE OF DEA  (IF EITHER, NOTIFY MEDICAL EXAMINER)  216 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	(FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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L or L		tol) attended the deceased from		10 1/3 /	19
21 of for 21 of 21	sow the deceased alive an above, (1) (wer (did) (did no		ond that in (my) (our) apinio	n death accurred on the date and hou	r and from the couses stated
has REC hed ept.	22b. SIGNATURE		DEGREE		22L DATE SIGNED
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Sto de A	224 PHYSICIAN'S NAME (TYPE OF	R PRINT)	22. ADDRESS	_ baceron _ male	
retained by the following the State with the State IMPORTANT:	Cliff Ratliff	7r M D	Westview Ma	all, Catonsville,	Maryland
5 등 5 등 호 <del>로</del>	230 BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY		1102 9 20110
D.O.	(SPECIFY)		odlawn Cemetery	CITY OR TOWN	county STATE
Br	Burial			WOODLAWN DA	
DHMH-16 20M	24 FUNERAL DIRECTOR Witzke		00,00110012220	SEP 2 1980	TAR S SIGNATURE
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		FOR STATE REGISTRAR	MIDDLE	AENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	7 3 0 0
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57	0	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN IN NOT IN SUCH FACILITY, GIVE STREET, FRAILKLING	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  ITYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS
m Je Je	JSUA	L RESIDENCE IN NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE		13. STREET ADDRESS	MBERLY BE
real example of the state of th	L FA	THER'S NAME FIRST  AME 5 N	ADDLE HANSEN	15. MOTHER'S MAIDEN NAME FIRST	WE	LAST
3 If		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	1	ADDRESS	WANGLEN
injury, or other traumat	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b) Incomp  DUE TO, OR AS A CONSEQUE (c) Status	etent immune statu		EN IN PART I(o)
18 shows ar	CERTIFICATION	at age 3	CI C	OPERATION WAS PERFORMED by spherocytosis	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
		216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA		RED (ENTER NATURE OF INJURY IN ITEM 18, P.	aRt 1 OR PARt 2)
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
em 21 is r	1	saw the deceased alive an abave. (I) [we) (did) (did not	ol) attended the deceased fram	August 4 19 80 80 , and that in (my) (aur) apinion of		1980, that (I) (we) ond from the couses stated
NT: If		Langle la	Klowno	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/4/80
MPORTANT		22d PHYSICIAN MAME (TYPE OR Larry A.	- ·	9000 Frank	klin Square Dr.,	21237
0dW 23	3e BI (Si	REMOVAL	8/6/80 W	HAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN FT. LAVVER DAL	COUNTY STATE
H-16 25M 15, 4) 1/79	4 FU	nelly Funera	Anness	o Mace ave 250 Al	E REC'D. BY REGISTRAR 256. REGISTI	

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the death certificate be executed within 24 hours

ATTENDING PHYSICIAN: The

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completely filled in by the funeral dir 1 and 2 should be filed within 72 hour TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the n

FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR	100			CERTIF	ICATE OF	DEATH		REG. NO.				
	CEASED NAME	FIRST	,	AIDDLE		LAST		2e. DATE O	F DEATH M	ONTH DA	Y YEAR	26 HOL	JR
,,,,,,		Edwa	rd	J.	Hare			Aug	· 15,	1980		7	a M
3 SE	х		4 RACE		5 DATE O			AGE (IN	EARS LAST BIRTHO		FUNDER 1 YEAR	IF UNDER	-
	Male		White	е	MONT!	13	1894	8	0	YRS.	ONTHS DAYS	HOURS	MIN.
	RTHPLACE (STATE OF F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	1.		R MARRIED	1 BALTIMO	ORE CITY OR		OF DEATH		
. (	Md.		USA		WIDOWI	_	DIVORCED [	Balt	imore	City	-(0	,	MD.
	ITY OR TOWN OF DE Baltimore	ATH		OSPITAL, NURSIN	G HOME (	OR OTHER IN		12e USUAL	occupation	N	12b. KIND ( INDUSTRY OWI)		
	AL RESIDENCE (# NUR STATE Md.	136 Ball		GIVE RESIDENCE BEFORE		13d. INSIDE	CITY LIMITS?	13. SEE	ADDRESS 6 Kava	naugh	Rd.		
34. F/	qezot <sup>ria</sup>	h F.	Middle	LAST		15. MOTHE	FIRST Lore			¥	Rinem	st an	
	WAS DECEASED EVER		MED FORCES? WAR OR DATES)	228-18-6		17 INFORM	Mabel	Hare	Balti:		Md. 2	1222	
NO	Conditions, if any gave rise to im cause (a), stati underlying cause	mediate ng the e last	(b)	R AS A CONSEQUE	NCE OF	bstrui NOT RELATE	ctive à	LINAL DISEAS	ALSO GE OR CONDI	TION GIVE	N IN PART 1	Jan	
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MEDI	214 INJURY OCCUR	HILE [	21e PLACE ( (AT HOME, STR	OF INJURY SEET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCAT	TION		CITY OR TOWN		COUNTY	\$1	TATE
		ed alive an	0~	4 19 8			y) (aur) apinian (	death accurr	ed an the date	e and haur			
	22b. SIGNATURE /	ME	Jell	lamin	V	DEGREEA	ATTENDING PHYSICIAN	MEDICAL	STAFF		8- DATE	SIGNED	So
	224 PHYSICIAN'S N	4Ch	1. //	MS		11 90	4 Kewle	ister	A 1	holes	tou	14.5	1136
23a E	BURIAL, CREMATION,	, REMOVAL	23b. DATE		IAME OF C		CREMATORY	23d. LOC CITY C	ATION OR TOWN	C	OUNTY /	ST	ATE

DHMH-16 25M (VRA 15, 4) 1/79

Burial

Evergreen Memorial

Finksburg

24 FUNERAL DIRECTOR
NAME
Eline Funeral Home, Hampstead, Md.

BY REGISTRAR 256 REGISTRAR'S SECTEMBRE

The state of the s 30 gal troutain . month published in the contract of the contrac . If dismunds of the contract Corner Ringers Cincern logage II Hage col-10-0950 tro. Tabel Hare Del Loore, Td. 01-02 - - 64 M-8 25 4-4 7-4 July Mr. water fraction to the state of the the diemon gustaint in the control of the control o 

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	0	1	9	5	8	8
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	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 U	0.	9 5	8	8
	EASED NAME FIRST		MIDOLE	U	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	
1,,,,,	GEORG	EE	н.	HA	UGH	Augus	t 6,	1980		M
3. SEX	Male	4 RACE Whit	e	July		6 AGE (IN YEARS LAST BIR	THOAY)	# UNDER 1 YEAR		MIN.
	THPLACE (STATE OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY	MARRIEI WIDOWE	NEVER MARRIED	Baltimo				MD.
	Y OR TOWN OF DEATH L'OWSON	LIE NOT IN SUC	HOSPITAL, NURSI CHFACILITY, GIVE STREE ellona Li	AOORESS)	t. 904	120 USUAL OCCUPAT ITTPE OF WORK FOR MOST Freight Ac	ION OF WORKING I	12h. KIND		SOR
13a S1			GIVE RESIDENCE BEFO 13c. CITY OR TOV TOWSO	WN	13d. INSIDE CITY LIMITS? YES	13. STREET ADDRESS 8415 Bel	lona	Lane Ar	ot. 904	4
	THER'S NAME George	MIDDLE H.	Haugh	h, Sr.	Adah	WE		Wilso	on.	
láa W [YE	AS DECEASED EVER IN U.S.	ARMED FORCES?	M-214-1		Mrs. Helen	L. Haugh 84		llona I	ane	
z	Conditions, if any, which gove rise to immediate cause ial, stating the underlying cause last	(c) (	PRAS A CONSEQUENCE ON TRIBUTING TO	ic c	bstuck	ac an	Y ROITION G	y dig	oase (a)	2
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERT	ES, WERE FIND IFYING CAUSE (ES )		1?
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF {IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A	OF INJURY .m. Month (	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJI	JRY IN ITEM 18	. PART 1 OR PART 2)		
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE	, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STAT	TE
	22a I certify that (I) (this ha saw the deceased alive abave, (I) (wet (did) (did 22b. SIG) (A) URE	on 8/4	19.	80 or	nd that in (my) (our) opinian				, that (1) (we e causes state E SIGNED	
	224 PHYSICIAN'S NAME (TYP) Hans J. Koe		D.	>	ATTENDING PHYSICIAN  220 ADDRESS 2900/F/	MEDICAL STA DIRECTOR PHYSI PARTE Drive	CIAN			

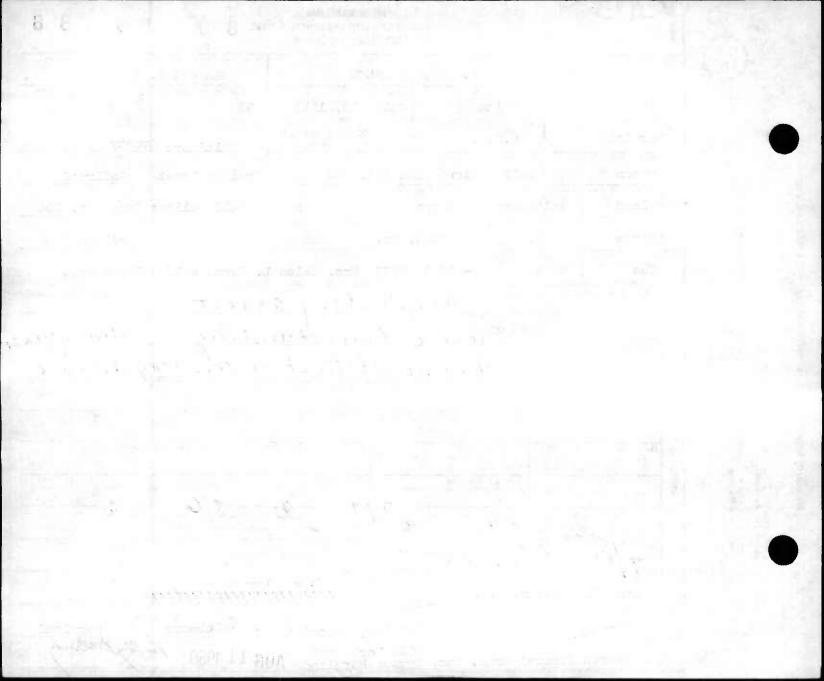
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DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical exa

24 FUNERAL DIRECTOR
RUCK TOWSO 1050 York Road Towson, Maryland Towson Funeral Home, Inc.

236. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SHOULE AUG 11 1980



Josephine Pearl HAVITAND August 11 1980 13. SET Female    Social Condition   Power   Pearl   HAVITAND   A ACE (WINNESS LASE BRINDAY)   Pearl	h	l -	FOR STATE REGISTRAR	DEPAR	TMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 0	1 9	5 8
SEK   Female	7		OR PRINT)			LAST	20 DATE OF DEATH	MONTH DAY Y	Zb. HOUR
Female    July 23 T914   TAM   66   TABLE   TAM	٠	Josep						11:28	
West Virginia    Wish   Worker   Worker   Worker   Baltimore County   Baltimore County   Worker   Baltimore County   Baltimore		3. SE	<sup>×</sup> Female	4 RASE ite				MONTHS	
10. CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   120 USUAL OCCUPATION   120	35	1	West Virginia		? 8 MARRIE WIDOW	ED NEVER MARRIED DIVORCED		_	гн
136 STATE   138 COUNTY   138 STATE   138 STATE   138 STATE   139 STATE   139 STATE   130	57						176 USUAL OCCUPAT	10N 12b. K OF WORKING LIFE) INDU	IND OF BUSINES
The conditions of the condit	35	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE  INTY  LTIMORE  13 ESSEX			13e. ST4600 BFS	owning Bri	ï•
16 WAS DECEASED EVER IN U.S. ARRADE FORCES?   184 SOCIAL SECURITY NO.   355 24 2299   Cheri E. Chapman, Daughter Glen Burni   17 INFORMANT   Cheri E. Chapman, Daughter Glen Burni   18 CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (b)   Cardio-Pulmonary Arrest   DUE TO, or As a CONSEQUENCE OF   Conditions, if any, which gave rise to immediate course lost storing the underlying cause lost   Complete Heart Black   DUE TO, or As a CONSEQUENCE OF   Complete Heart Black   DUE TO, or As a CONSEQUENCE OF   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)   PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED   200 AUTOPSY?   200 IF YES   NO   VES		14. FA	ATHER'S NAME FIRST UNKNOWN	MIDDLE LAST					
PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (a)   Cardio-Pulmonary Arrest		16a V	VAS DECEASED EVER IN U.S. A			Cheri E. Cha			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY (1AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.)  21d. INJURY (1AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.)  21d. INJURY (1AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.)  22d. I certify than (this hospital) ottended the deceosed from August 11 , 19 80 , to August 11 , 19 80 , that  and the deceosed alive on August 11 , 19 80 , and that in (aur.) opinion death accurred on the date and haur and from the couse  22d. DATE SIGN  22d. ADDRESS  Ronald Cri  23d. BURIAL, CREMATION, REMOVAL 23b. DATE  23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION  23d. BURIAL, CREMATION, REMOVAL 23b. DATE  23d. BURIAL, CREMATION, REMOVAL 23b. DATE  23d. DATE SIGN  23d	2	FICATION	PART 2. OTHER SIGNIFICANT				200 AUTOPSY?	20b. IF YES, WERE F	INDINGS USED
22a I certify that (this hospital) ottended the deceased from August II 19 80 to August II 19 80 that the deceased alive on August II 19 80 that the deceased alive on August II 19 80 that the bottom of the dote and hour and from the coust obove. (we did the second alive on the dote and hour and from the coust obove.) (we did the second alive on the dote and hour and from the coust obove.) (we did the second alive on the dote and hour and from the coust obove.) (We did the second alive on the dote and hour and from the coust obove.) (We did the second alive on the dote and hour and from the coust obove.) (We did the second alive on the dote and hour and from the coust obove.) (We did the second alive on the dote and hour and from the coust obove.) (We did the second alive on the dote and hour and from the coust obove.) (We did the second alive on the dote and hour and from the coust obove.) (We did the second alive on the dote and hour and from the coust obove.) (We did the second alive on the dote and hour and from the coust obove.) (We did the second alive on the dote and hour and from the coust obove.) (We did the second alive on the dote and hour and from the coust obove.) (We did the second alive on the dote and hour and from the coust of the dote and hour and from the coust of the dote and hour and from the coust of the dote and hour and from the coust of the dote and hour and from the coust of the dote and hour and from the coust of the dote and hour and from the coust of the dote and hour and from the coust of the dote and hour and from the coust of the dote and hour and from the coust of the dote and hour and from the coust of the dote and hour and from the coust of the dote and hour and from the coust of the dote and hour and from the coust of the dote and hour and from the dote and hour and from the coust of the dote and hour and from the dot	91		OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH		21c. HOW INJURY OCCURR	- A	-	NO [
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN 3 NAME INTEGRAL 236. DATE  220. DATE SIGN  221. DATE SIGN  222. DATE SIGN  223. BURIAL, CREMATION, REMOVAL 236. DATE  234. NAME OF CEMETERY OR CREMATORY 236. LOCATION  235. BURIAL, CREMATION, REMOVAL 236. DATE  236. BURIAL, CREMATION, REMOVAL 236. DATE  237. NAME OF CEMETERY OR CREMATORY 236. LOCATION  238. BURIAL, CREMATION, REMOVAL 236. DATE  238. BURIAL, CREMATION, REMOVAL 236. DATE  239. NAME OF CEMETERY OR CREMATORY 236. LOCATION		MEDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY		211. LOCATION STREET	CITY OR TO	OWN COUN	TY STA
DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN BALL  220 ADDRESS  Ronald Crim M. Prive 21237  230 BURIAL, CREMATION, REMOVAL 23b. DATE  231 NAME OF CEMETERY OR CREMATORY 231 LOCATION  232 DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN	5 13		low the deceased alive o	on August 11 19	Augus 80.0	nd that in (our) opinion o		, , ,	, 11101
230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION	=	(	Anile	e6 Dery	2	ATTENDING PHYSICIAN		FF	B-11-80
236. BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 236. LOCATION	1	)	Ronald Cr	isp M.D.		9000 Frank		Drive 212	37
THE FUND PROPERTY OF THE PROPE			NICHAL COCKATIONS OF STREET	1 72h DATE 72	NAME OF		1224 LOCATION		1111

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	-
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the deoth certificate be executed within 24 hours offer deoth. Page relained by the baspital or attending physician.	oth Page
TO FUNESAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral direct should be detected for use as the buriel stroom permit. Then please remove contempopers. Pages, I and 2 should be filled within, 72 hours with the State Dept. of thingth and Merical Hygiene prior to buriel, cremation, or removal.	erol dire
IMPORTANT If hem 21 is marked or flem 18 shows any injury, or other traumatic event, the medical extendmentant-begothed at other	- Line

UPL RAR	ICATE	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		O REG. I	<b>1</b> 0.	9	3	9	0
VAME:	FIRST	MIDDLE	LAST	20. DATE C	F DEATH	HINOM	DAY	YEAR	2b HO	UR
	Mura	B.	Havs			7	19	80	L .	

quenies	0	1.	FOR DUPLIC	CATE		DEPAR	RTMENT OF H	E OF MARYLAND LEALTH AND MENTAL LICATE OF DEATH	HYGIEN	IE 8 0	0.	9 5	9 1
(M)			CEASED NAME OR PRINT)	FIRST Myra		B.		ays	20	. DATE OF DEATH	7 19		2ь ноия 1.2:50
		3. SE	Female		4 RACE White		5. DATE (			AGE (IN YEARS EAST BIRT		ONTHS DAYS	HOURS
nerol din	35	7a Bi	RTHPLACE (STATE OR OUNTRY)	FOREIGN	76 CITIZEN OF USA	WHAT COUNTR	MARRIE WIDOWI	D NEVER MARRIED		Baltimore City o			
by the to	56	10 C	TOWSON	ATH	(IF NOT IN SUC	HOSPITAL, NURS	EET ADDRESS)	or other institution	1 12: (T	USUAL OCCUPATI YPE OF WORK FOR MOST O		12b. KIND OF INDUSTRY	BUSINE
24 hour filled in ould be 1	99	USU.	AL RESIDENCE (IF NUF	13b COU		134. CITY OR TO		13d Inside City Limits	S? 13	e. STREET ADDRESS			
ed within impletely and 2 th	99	1	THERS NAME		MIDDLE ike	Benne	tt	15. MOTHER'S MAIDEN FIRST Anna	NAME	MIDDLE		Tinsle	У
e executi	9	16a \	VAS DECEASED EVEL YES, NO OR UNKNOWN)	R IN U.S. AR	MED FORCES? E WAR OR DATES)	166 SOCIAL SE 217-09		17. INFORMANT		ADDRI	ESS		
equires that the deal i signed by the otter. Then please remons to to buried, cremation.	injury, or other regard	NOI	Conditions, if on gove rise to im cause (0), stoth underlying caus	ing the	(c)_	OR AS A CONSEC		NOT RELATED TO THE	TERMINA	al disease or con	DITION GIVE	N IN PART 1(a	1
he los o	2	CERTIFICATI	19a. DATE OF OPERA	ATION	19b. COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES	GS USED OF DEAT
ELAN, T 9 physics entiticate informational	9	0.301	210, ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DE	AIII	OF INJURY .M. MONTH .M.	DAY YEAR	21c. HOW INJURY OC	CCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18, PA	RT 1 OR PART 2)	
offer this chard hand Manda Ma	10 00 01	MEDICAL	21d INJURY OCCUI	WHILE		OF INJURY REET, FACTORY, OFFIC	CE, FARM, ETC.)	211. LOCATION STREET		CITY OR TO	WN	COUNTY	st
AL OR ATTENDE the bassistel or AL DIRECTOR: A setterbad for use of the Dept. of Health	1. If Bern 4.1 9, 45		22a.l certify that (		ital) attended the 7/19		00	nd that in (my) (aur) api DEGREE ATTENDIN PHYSICIA	NG _ /	, ta 7/19  th accurred on the d  MEDICAL STA  DIRECTOR PHYSIC	FF 💆		
O FUNESA	NOKIAL PROKIAL		Dr. J.			of Medi	cine	22e. ADDRESS  GBMC - 6	701	N. Charle	s St.		
() BP		230	BURIAL, CREMATION SPECIFY) Remo		23b. DATE 7/19/		C. NAME OF C	EMETERY OR CREMATO		23d. LOCATION CITY OR TOWN		COUNTY	STA
DHMH - 16 50M 7/77 (VR A 15 (4))			UNERAL DIRECTOR			ADDRESS Balto.	ь. Бм		SEP	9 1980	25b. REO ISTE	RAR'S SIGNAT	RE

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Balthimono County

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GERC - 6701 M. Charles St.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

STATE

REGISTRAR

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		FOR
ı	•	STATE REGISTRAR
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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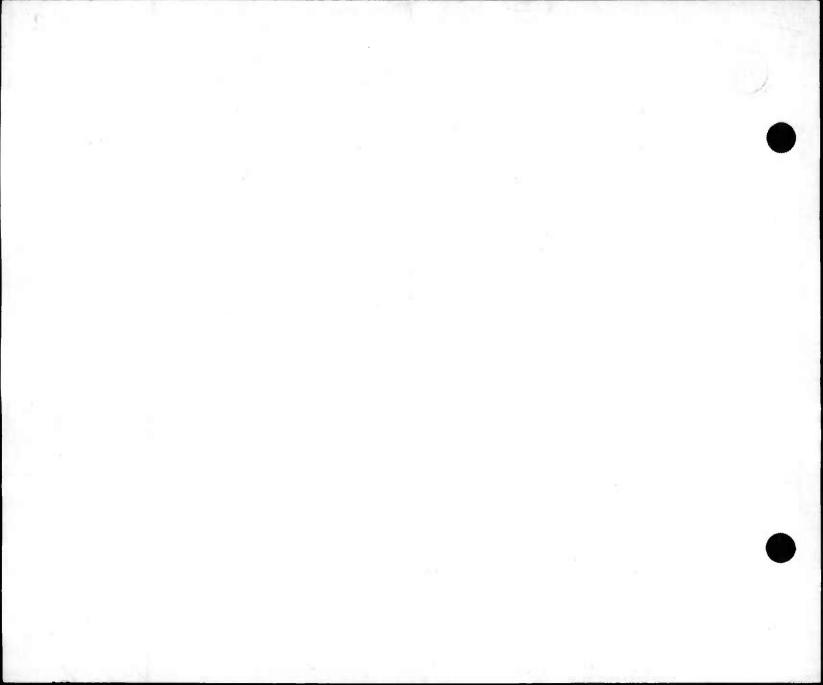
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	ECEASED NAME FIRST PE OR PRINT)	MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY YEA	AR 2b. HOUR
1 ""	DOROTHY	P.	HAZELTO	0.0	AUGUST "	0891 94	
3 SE		4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) J FUNDER I	
F	EMALE	WHITE	MONTH Q -	25-1913	67	YRS MONTHS D	AYS HOURS
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69 n	EW YORK	U.S.A.	WIDOWE	1	BAITIMO	es Coun	TY
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	JAL RESIDENCE (IF NURSING HON		PENCE BEFORE ADMISSION)	136 INSIDE CITY LIMITS?	4		
350	10. Be	1170	10010W	YES NO TO	13. STREET ADDRESS	UNTRY 1	- Ans
14.F	ATHER'S NAME			15. MOTHER'S MAIDEN NAM		0.1115.1	-11111
30	TORO	P. Cas	P S P	AC. OSS	MIDDLE	LUCTO	IC DA
	WAS DECEASED EVER IN U.S		CIAL SECURITY NO.	17 INFORMANT	ADDRE	SS	-1617
/	(YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	56 5747	Family	RECORDS		
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	1552	DUE TO, OR AS A C	ONSEQUENCE OF				
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NO	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A C		NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN PAR	RT 1(a)
CATION	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A C			INAL DISEASE OR CONI	20b. IF YES, WERE FI	NDINGS USED
6 IIFICATION	gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICA	DUE TO, OR AS A C	TING TO DEATH BUT		20a AUTOPSY?	206. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS USED
CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICA	DUE TO, OR AS A COLOR OF THE CONDITION FOR THE CONDITION FOR THE CONDITION FOR THE COLOR OF THE	TING TO DEATH BUT		200 AUTOPSY?	20b. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS USED ISES OF DEATH NO
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TO HOSPITAL

the haspital or attending physician



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DHMH-16 30M 2/80 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL  $^{(\mathsf{SPECEY})}_{Burial}$ 24 FUNERAL DIRECTOR

Rusturstown, md 21136 23d LOCATION
CITY OR TOWN

-Cambridge, Dorchested Ma

Christ Church Cem.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be	TO FUNE MALD INECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral strong to the strength of the strong parts. Pages 1 and 2 should be filled within 72 ments attended for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 ments attended for use as the burial-transit permit. Then please remove carbon appers. Pages 1 and 2 should be filled within 72 ments attended to the page 1 and 2 should be filled within 72 ments.	PORTIANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner most be house	MEDICAL CERTIFICATION	IN CAUSE OF DEAT PART I DEATH W  1539  Conditions, if ony, gove rise to imm couse to i, storm underlying couse  PART 2 OTHER SIGN  Onganic ( IPO DATE OF OPERAL  216. ACCIDENT WAS UNCORROWNESS ON CONTRIBUTING ( IF EITHER, NOTIFY MEDIC  21d. INJURY OCCURP  WHILE NOTIFY MEDIC  21d. INJURY OCCURP  WHILE NOTIFY MEDIC  21d. INJURY OCCURP  WHILE NOTIFY MEDIC  21d. Certify that (I) Sow the decease obove, (I) Medice
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3

REGISTRAR		CONTINI	CAIL OI DEATH	REG. NO.	The second second
I. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	Ĺ	AST	26. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
Emily	Acosta	Hed	rick	8	31 80 2:10p A
3. SEX	4 RACE	5 DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
female	white	MONTH 10	2 98	81 y	MONTHS DAYS HOURS MIN
78. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR COU	INTY OF DEATH
Georgia	U.S.	WIDOWE		Baltimore C	ounty Mc
Balto. County	II. NAME OF HOSPITAL, NU		rother institution ursing Cente	126 USUAL OCCUPATION  STYPE OF WORK FOR MOST OF WORKE  HOUSEWIT	12h. KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSIONI			
13a STATE 113h COU	timore   13c CITY OR		131 INSIDE CITY LIMITS? YES NOX	13. STREET ADDRESS 1701 Meadow	Court
14 FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	WE	LAST
Robert  16e WAS DECEASED EVER IN U.S. AF		chell SECURITY NO.	Mamie 17 INFORMANT 4704	ADDRESS	Acosta
	VE WAR OR DATES!	5=0040	Mr. Marion		Balto. Md.
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22s.1 certify that (I) (first hasp sow the deceased alive ar above. (I) we will decease	mal) attended the deceased from August 23 ot) view the bady after death.	rom <u>Octobe</u>	d that in (my) (XX) opinion	, to	hour and from the causes stated
Millias /	/ (alley)		ATTENDING PHYSICIAN X	MEDICAL STAFF  MEDICAL STAFF  MEDICAL STAFF	271. DATE SIGNED 9/2/80
Millard 1. Tr		2		Security Boule	
230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	Sept. 4,19		dlawn Cem.	23d LOCATION CITY OR TOWN WOOdlawn	Baîto. Md.

DHMH-16 25M (VRA 15, 4) 1/79

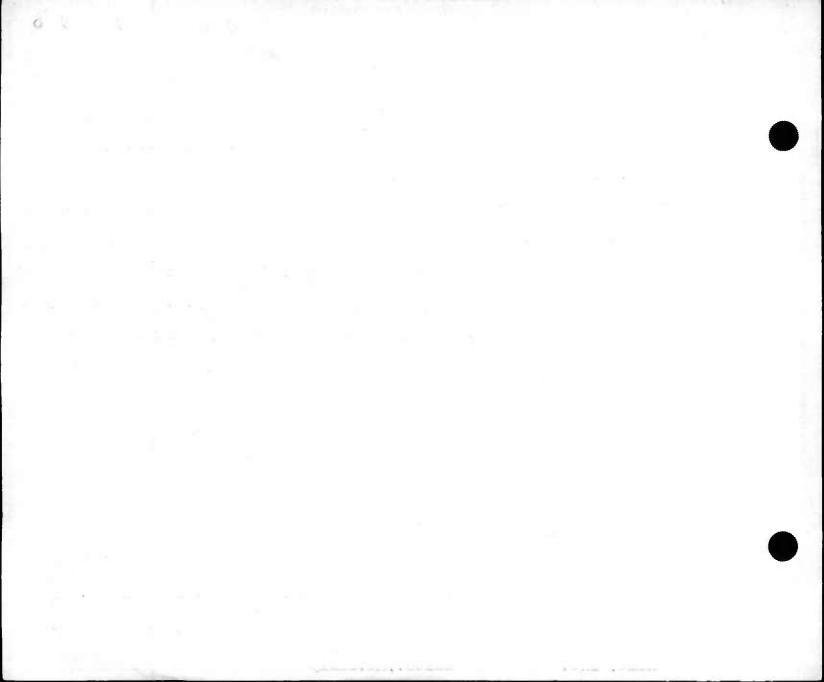
24 FUNERAL DIRECTOR

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o) the fu	10.0	ir or town of Death Baltimore	11. NAME OF I	HOSPITAL, NURSII CHEACILITY, GIVE STREET BI dston (	ADDRESS)	r other institution	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWITE	WORKING LIFE	126. KIND OF	BUSINES	SSOR
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7.5 t.≥ ₹ ₹	23a	BURIAL, CREMATION, REMOVAL			NAME OF C	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COU	NTY	STAT	
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		Home, Inc.		881	W	d.212131 All	G 4 M 130M-1			_	



RIVE 1		CEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH DAY	YEAR
	TIVPE	Or PRINT)	to HINZ J	TR.		August 19	9, 1980	
-	3 SE	X	4 RACE	5 DATE OF BIRT		6. AGE (IN YEARS LAST BIR		_
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35		MD.	USA	WIDOWED [	DIVORCED [	Baltimo	ore County	/
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% <u>~</u>	E					YES NO	YES 🔲	
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= /	S	(IF EITHER, NOTIFY MEDICAL EXAMINER)	AIM .	19				
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mark	2	AT WORK NOT WHILE AT WORK	TAL HOME, STREET, PACTORY, C	TERE, PARM, EIC.)		en or lov		
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em 2		saw the deceased alive on above, () (we) (did) (did) (d	August 19	_19 <u>80</u> , and that	in (ng) (aur) apinian	death occurred on the d	ate and haur and fro	om the c
# #		22b. SIGNATURE		DEGRE				. DATE S
Ë_		4. 12	efama		ATTENDING PHYSICIAN	MEDICAL STA	IAN (X	8/19
RTA		224 PHYSICIAN'S NAME (TYPE O			ADDRESS			
MPOH /		Paul Befani	s MĐ		9000 Frank	lin Square	Dr., 2123	7
2	73a a	HIPIAL CREMATION REMOVAL	1234 DATE	13. NAME OF CEMETS	EDV OR CREMATORY	1234 LOCATION		

DHMH-16 25M (VRA 15, 4) 1/79 24 FUNERAL DIRECTOR

236. DAJE

23a BURIAL, CREMATION, REMOVAL

FOR

- STATE

REGISTRAR

300 MACE

23c NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BALTO. MD 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

REG. NO

MONTH

2h. HOUR

8:21

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE

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STATE

SALES

IF UNDER 24 HRS

MD.

20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

date and haur and from the causes stated

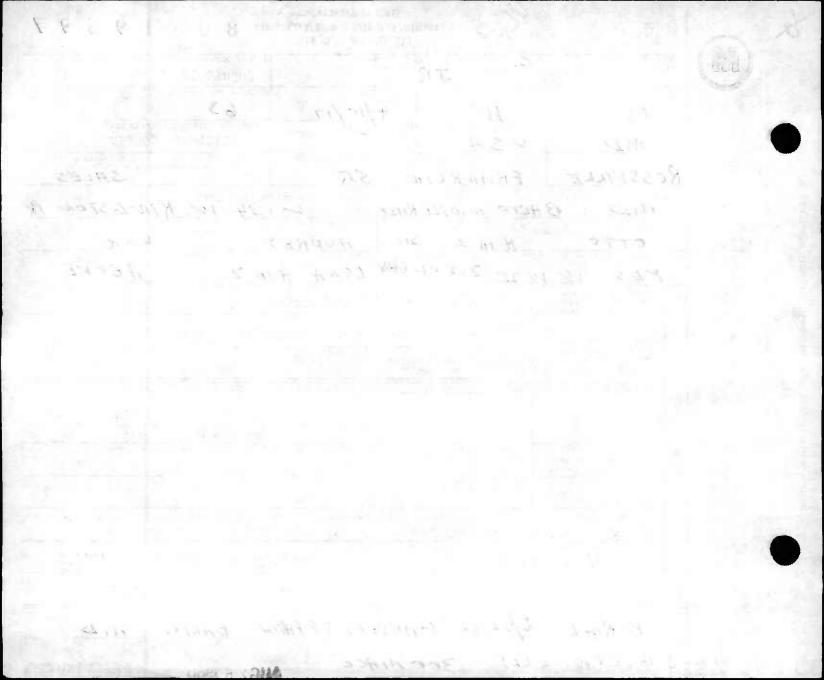
22c. DATE SIGNED

8/19/80

COUNTY

Mistal Basis

23d. LOCATION



	Ŀ	STATE REGISTRAR CEASED NAME FIRST		NIDDLE	CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		7 J	25 HOUR
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35	C	RTHPLACE (STATE OR FOREIGN OUNTRY)  aryland	76. CITIZEN OF V	WHAT COUNTRY?	2	NEVER MARRIED	Baltimore city o	re County	OF DEATH	
ad St	10 C	altimore	II. NAME OF H	OSPITAL, NURSIN PRACILITY GIVE STREET N Squar	G HOME C	spital	12r. USUAL OCCUPATE (TYPE OF WORK FOR MOST O Housewi	OF WORKING LIFE	126. KIND O INDUSTRY	F BUSINE
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dical exar		ATHER'S NAME FIRST Richard	WIDDLE	Fowble		15. MOTHER'S MAIDEN NAME FIRST Cather	MIDDLE		Coli	ins
, the me		NAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	ARMED FORCES?  IVE WAR OR DATES)	214-14-		Gerard E.	Sentz, Sa		#13.	
traum		736-	DUE TO, OR	AS PROBEOUS	re ds	piration			181	
any injury, or other	ATION	Canditions, if ony, which gove rise to immediate couse (a) stating the underlying cause lost  PART 2 OTHER SIGNIFICANT	DUE TO, OR  (c)  T CONDITIONS CO	Probab	PEATH BUT	rebrovascular		20b. IF YES,	, WERE FINDI	NGS USER
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		FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. N		5 9 9				
1)		OR PRINT) Patric	ck Thomas	HOFFMAN	August 20, 1980 9:						
once.	3 SE	M	1 RACE	5. DATE OF BIRTH  MONTH  3-11-1919	6 AGE IN YEARS LAST BIRT	YRS.	DAYS HOURS MIN.				
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1 and 2 sho	14. FA	THER'S NAME FIRST JOHN	HOFFMAN LAST	15 MOTHER'S MAIDEN NA.	RA LOU	ick	LAST				
Pages, the	Ida V	VAS DECEASED EVER IN U.S. AF VES, NO OR UNKNOWN) (IF YES, GN	E WAR OR DATEST	- 10 - 00 0 .	LE. Hoffen	nan-820	6 analee				
en signed by the attending physicia Then please remove carbon papers. 'I to burial, cremation, or removal, ny injury, or other traumatic event	NOI	Conditions, if ony, which gove rise to immediate couse to stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO D		IINAL DISEASE OR CON	DITION GIVEN IN PA	RT I(o)				
permit. Jiene prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20h. IF YES, WERE FIN CERTIFYING CA	INDINGS USED LUSES OF DEATH?				
After this certifical is the burial-transit th and Mental Hygin marked or Item 18	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK		19 ZII LOCATION			2 4 6				
RAL DIRECTOR: detached for use a tate Dept. of Heal iNT: If Item 21 is	(	276 I certify that III (this base flow the dedecated alive or above, (ii) yell (did) (did of 276 SIGNATURE	view the body offer dooth,	DEGREE ATTENDING	deoth occurred on the de	77t.	m the couses stoted  DATE SIGNED				
TO FUNE should be with the S IMPORTA	23a B	JURIAL, CREMATION, REMOVAL	ORTH 236. DATE 23c. N	80/9 UHIA	ADELPHIA 23d. LOCATION CITY OF TOWN	COUNTY	STATE				
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3. SE)		4. RACE	5. DATE O	DAY	YEAR	AGE (IN YEA	RS IF UN		IF UNDE	R 24 HRS		DATE	CED	WC	HTMC	DAY	YEAR	2d. ḤOU
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	IB. CAUSE C	OF DEATH (Enter o	nly ane caus		or (a), (b), a	nd (c).)										BET	PPROXIMAT WEEN ONSE	E INTERVAL
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z	PART 2 OTNER S	IGNIFICANT CONDITION	S CONTRIBUTING	TO DEATH BU	IT NOT RELATED	TO THE TERMI	INAL DISEASE	OR CONDITIO	N GIVEN IN	PART 1 (a)								
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		tify that I taak char		mains descr	ibed obove,	held an	Autop	y XX	Inspect	ian .	In	quiry		ond in	my o	pinian		
	death resul	tell from A	yral causes		Accident	XX Sui	cide	, Hami	cide 🗌	, Unde	etermin	ned mo	nner	],				
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	EXAMINER'S		omas I	O. Smi	ith, M	I.D.		ADDRESS_	111	Penr	n St	ree	et,B	alto	٠. د	MD		
23a.B	URIAL, CREMA	ATION,REMOVAL		100		ME OF CEA				CIT	LOCAT	WN	1		cou	UNTY	S	Md.
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-16 25M (VRA 15, 4) 1/79 24 FUNERAL DIRECTOR

FOR

REGISTRAR

- STATE

REG. NO

IF UNDER I YEAR

2b. HOUR

HOURS

12h. KIND OF BUSINESS OR

IF UNDER 24 HRS

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

COUNTY STATE

22¢ DATE SIGNED 8/19/80

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	TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 in retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filled within 72 hours aftwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

oge 4 may be

		FOR - STATE REGISTRAR			ENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	RE	G. NO.	9 6	0 2		
)	1. DE	CEASED NAME FIRST (OR PRINT)	21 MIDDLE	1/.	14	food /	20. DATE OF DEA	10-1	DAY YEAR	26. HOUR		
/	3. SE	× Female	A RACE White		5. DATE O	F BIRTH' 12, 1891	6 AGE JAYLARS LA	IF UNDER 24 HRS HOURS MIN				
Source.		RTHPLACE (STATE OR FOREIGN OUNTRY)  Maryland	U.S.A.			NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH  Baltimore Co.					
opilied o	10 CITY OR TOWN OF DEATH  Catonsville			PITAL, NURSIN	G HOME O	OR OTHER INSTITUTION 120 USUA		JPATION AOST OF WORKING		OF BUSINESS OR		
Sea Sea	USU, 13a S <b>Ma</b>	AL RESIDENCE (IF NURSING HOME STATE 136 CO Aryland Fre	OR OTHER INSTITUTION, GIVE UNITY 13c.		ADMISSION)	13d. INSIDE CITY LIMITS? YES X NO	13e. STREET ADDR		St.			
OCOMIN	14. FA	ATHER'S NAME Charles	A. Run	nkles		15. MOTHER'S MAIDEN NA/ Belle	ME		rfield	ST		
nedicol 2	16a V	WAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES)	SOCIAL SECUI		17 INFORMANT Charlotte W.			ranklin			
ws ony injury, or other traumotic e	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  190. DATE OF OPERATION		A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR  200 AUTOPSY' YES TO NO	20b. IF Y	IVEN IN PART 11 ES, WERE FINDI IFYING CAUSES (FS [7]	INGS USED		
lem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH HOUR A.M.		Y YEAR	21c. HOW INJURY OCCURE						
rked or I	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF IN (AT HOME, STREET, F.	NJURY ACTORY, OFFICE, FA	ARM, ETC.)	21f. LOCATION STREET	СПУ	OR TOWN	COUNTY	STATE		
21 is ma	1	sow the deceased alive obove, (I) (4re) (did) (did)	on 8-1-8	0 19	J., on	d that in (my) (abr)-opinion (	deoth occurred on	Me date and ha		, that (I) (we) lost e couses stated		
MPORTANT: # hem		226. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE	001/-	e	h	22e ADDRESS	MEDICAL P		8-1	SIGNED		
IMPOR	23a. E	BURIAL, CREMATION, REMOV		27 J J	AME OF CI	1009 Treas	23d LOCATION	1	228			
-		Burial UNERAL DIRECTOR	Aug. 13, 1	980	Pros	spect	Mt.	Airy,	Frederi	ck. Md.		
77	24. FI	NAMEOLIN L. MO	lesworth, P	ADDRESS DE	mascu	s, Md.	AUG1 91	980	in frey !	recreated		

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 h with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH-16 25M (VRA 15, 4) 1/79

Page 4 may be

OF HEALTH AND MENTAL HYGIENE

1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.		.000
	EASED NAME FIRST	MIDDLE	1	AST	20 DATE OF DEATH	MONTH	DAY YEAR	25 HOUR
(TYPE)	EDWAR	D -	HOR	INZELL		8	1980	1-10
3 SEX	(	RACE	5 DATE C		& AGE JIN YEARS LAST BIR	HDAY)	IF UNDER I YEAR	IF UNDER 24
	MALE	CAUCACION	MONTH	DAY YEAR	53	YRS	MONTHS DAYS	HOURS
	RTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTRY	? 1	NEVER MARRIED	BALTIMORE CITY		Y OF DEATH	
	MD	IISA	WIDOWE		Baltimore (	Count	ч	
10 CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURS	ING HOME C		12e USUAL OCCUPATI	ON	126 KIND O	F BUSINESS
Ra	andallstown Bo	altimore Count		ral Hospital	Radio Techi			st Re
USUA 13a S	AL RESIDENCE HE NURSING HOME OF O	THER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)	L	130. STREET ADDRESS			
	MD Balti	more Woodla		YES NOXX	3135 Jeff	land i	Road	
14 FA	THER'S NAME	DDLE LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE			
	Albert	Hornze	11	Bessie	MIDDLE		Zipp	
	AS DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOCIAL SEC			Harriet Hor	ss man 1		
(4)	Yes WW I.		-8130	3135 Jeffland	Rd., Balt	more	, MD 21	207
CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	196 CONDITION FOR WHIC			200 AUTOPSY?	20b. IF YE	ES, WERE FINDIN	GS USED
TIFE			orth		YES NO		ES	NO 🗵
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH ( P.M.	DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18.	PART I OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC )	211 LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
	22a L certify that (I) (this haspital	attended the deceased from	(13	- 30- 1980	, to	19-		that (I) (we)
-	saw the deceased alive an abave, (1) (we) (did) (did nat)			nd that in (my) (our) apinion o	leath accurred on the d	ate and ha		
	226 SIGNATURE	Staly		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC		22c. DATE	19-8
	DR · SUDKI	R.D. PATEL			county	Gent	eral H	oxm
(5	Burial	8/22/80	Lake V	iew Mem. Park	23d LOCATION CITY OF TOWN Sykesvil		Carroll	MD STATE
	INERAL DIRECTOR Loring	Byers Funeral Randallstown, N			G 1 9 1980	25b. REGIS	TRAR'S SIGNAT	URE .

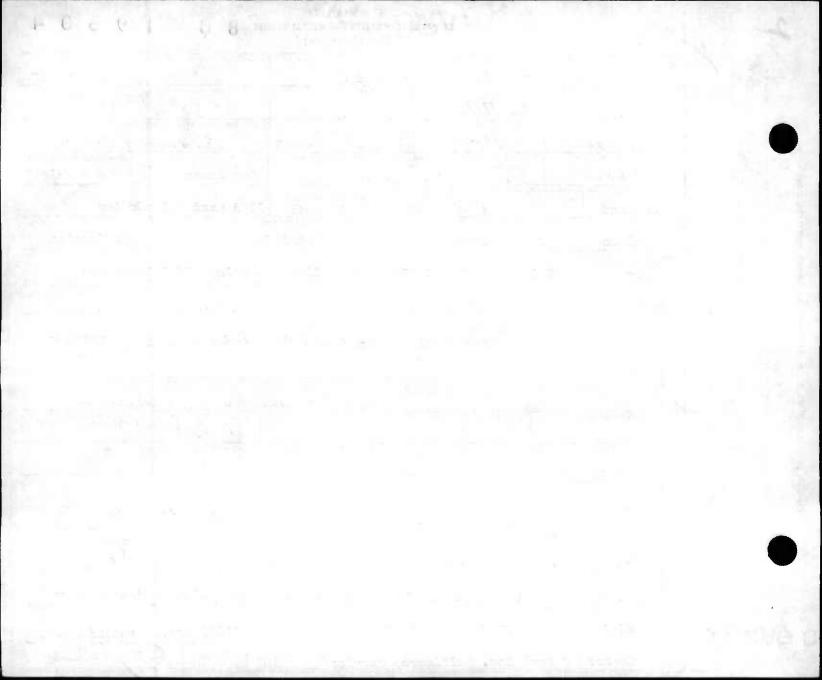
E C c V I I I B TOPHER TO THE TOTAL TO THE

2 ,	FOR - STATE REGISTRAR		Que la	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	SIENE	8	O REG.	NO.	1	9	6 0	
	1. DECEASED NAME	FIRST	MIDDLE	LAST	20 D	ATE OF	DEATH	HTHOM	DA	YEAR	2b. H	OUR
v be	(TITPE OR PRINT)	Ernest	L	HOXIER				8	16	80	3	1
100	2 CCV	A DACE		C DATE OF BIRTH	14 40	F			100	THE PER LUE	4E 110.0	OFR 24

DAY YEAR DAYS HOURS Je. BIRTHPLACE (STATE OF FOREIGN COUNTRY? OR COUNTY OF DEATH MARRIED | NEVER MARRIED | WIDOWED DIVORCED 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS! TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Repairman & P Tele Co USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13e STATE 136 COUNTY 13. STREET ADDRESS
3103 Øræt Orlando Ave 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? Baltimore Maryland YES X NO [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE McClanahan Mathilda Nelson Hoxter 6 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT ADDRESS IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 2602 Moore Ave WW 1 212-03-6743 Mr William E Whitley Yes APPROXIMATE INTERVAL IL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION 20a AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 106. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO I 218 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED | JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING \_\_ CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on and that in (my) (our) apinian death occurred as the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 226 DATE SIGNED ATTENDING PHYSICIAN MEDICAL DIRECTOR PHYSICIAN 22e ADDRESS FREDERICK JUOLLMER 23e. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) STATE

ŏ TOFUNERAL State MPORTANT should be with the S Burial 8/20/80 Loudon Park Baltimore, Maruland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Leonard J Ruck Inc. Baltimore, Maryland

**DHMH-16 25M** (VRA 15, 4) 1/79



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TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in the the should be detached for use as the burial-transit permit. Then please remayer carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

DHMH - 16 60M 1/75

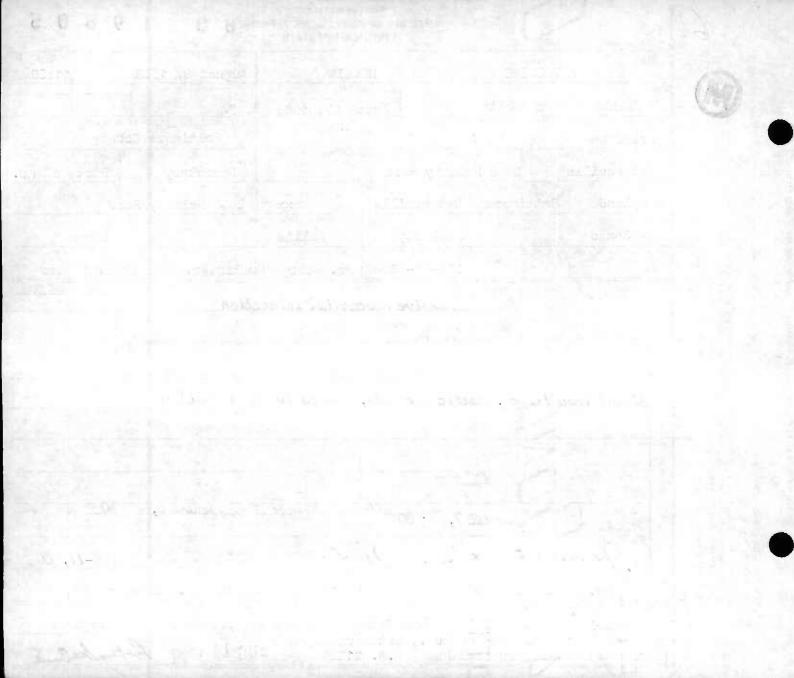
(VR A 15 (4))

IMPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or other traumatic event, the medical

STATE OF MADVIANO DEPARTMEN C

STATE OF MAKTLAND				250	
T OF HEALTH AND MENTAL HYGIENE 8	0	9	6	U	
ERTIFICATE OF DEATH	P50 N0				

1.	FOR STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYG	PIENE 8 0	10	9 6	0 5	
	ECEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	26. HOUR D	
	KATHE	RINE		HL	JDLIN	August 8,	1980		11:50 M	
3 SE	X	4. RACE		S. DATE		6 AGE (IN YEARS LAST BIR	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
	Female	White		Mar	ch 27. 1906	74	YRS.	AONTHS DAYS	HOURS MIN	
70 B	IRTHPLACE (STATE OR FOREIGN	WHAT COUNTRY? 8. MARRIED X NEVER MARRIED .			9 BALTIMORE CITY		OF DEATH			
	Maryland	US	F	WIDOWI	-	Baltimore County			MD.	
10 €	ITY OR TOWN OF DEATH	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HO			OR OTHER INSTITUTION	12a USUAL OCCUPAT		126. KIND OF BUSINESS OF		
	Catonsville	atonsville 2000 Helmsby Road				Secretar	SF WORKING LIFE		e of Md.	
Ma		rother institution NTY <b>timore</b>	GIVE RESIDENCE BEFORE 13c CHY OR TOW Catonsv:	N	13d Inside City Limits? Yes NoXX	13e STREET ADDRESS 2000 Helm	isby Rc	ad		
14 F/	ATHER'S NAME James	MIDDLE	Dohert	У	15. MOTHER'S MAIDEN NAM	WE		Deva	T D	
	WAS DECEASED EVER IN U.S. AI		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS			
	YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	214-01-	1394	Mr. George H	udlin,Sr.,	2000 H	elmsby	Road	
	18 CAUSE OF DEATH (Enter o	nly one cause per	line for (a), (b), one	dic					MATE INTERVAL ONSET AND DEATH	
	PART I. DEATH WAS CAUSI	ED BY: TE CAUSE (0)	Massive	e Milo	cardial Infare	ction				
	410-		R AS A CONSEQUE	0						
	Conditions, if ony, which	(b)_	ASCVO							
	gave rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF						
	underlying couse lost.	(c)					_			
z	PART 2. OTHER SIGNIFICANT							N IN PART 11	) !	
CERTIFICATION	Mitral Insulfi		ortic Ste							
FIC	196 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	, WERE FINDIN	OF DEATH?	
EET	710. ACCIDENT WAS UNDERLYING	7 21b. TIME O	E INTITION		Til- HOW IN HERV OCCUPA	YES NO	YES		NO 🗌	
	OR CONTRIBUTING _ CAUSE OF DE	HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	(ED) (ENTER NATURE OF INJU	RY IN ITEM 18, PA	RT 1 OR PART 2)		
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER  21d INJURY OCCURRED	21e. PLACE		19	201 105 171011					
ME	WHILE IN NOT WHILE IN	(AT HOME, STR	PEET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
	AT WORK AT WORK	5 6 I I I		Jan	57	August	8	20		
	22a.1 certify that (I) (this hosp sow the deceased alive or above, (I) (we) (did) (did no	nuquisa	C / 10 OC	7	nd that in (my) (our) opinion o	, to	ote and hour	ond from the	that (I) (we) lost causes stated	
	22b. SIGNATURE		0	)	DEGREE			22c. DATE	SIGNED	
	James	C F	me	11	1. ATTENDING PHYSICIAN	MEDICAL STA		8-1	1,80	
	22d PHYSICIAN'S NAME (TYPE C				22e. ADDRESS					
	Dr. James	E. Rowe			413 Commonw	ealth Ave.	, Cator	nsville	,Md	
23a. E	BURIAL, CREMATION, REMOVAL SPECIFY)		A STATE OF THE STA		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE	
	Burial	8/12/			edral Cemeter			Maryl	and .	
100	UNERAL DIRECTOR 1630	Edmonds	on Awes,	Cator	sville, Marson DATE	REC'D. BY REGISTRAR		AR'S SIGNATI	JRE	
W1.	tzke Catonsvill	e Funer	al Home,	P.A.	21228 A	UG II 100n	per	try Sa	Crooly	



DECEASED NAME		1.	FOR STATE REGISTRAR			, DE	PARTMENT C	F HEALTH AND MENTAL HY FIFICATE OF DEATH	GIENE · 8 0		9 6	0 6
SEX   SACE   S			CEASED NAME					LAST	20. DATE OF DEATH	MONTH		
78. BRTIPPLACE   STATE OFFOREIGN   78. CITIZEN OF WHAT COUNTRY?   18. CITIZEN OF WHAT COUNTRY?   19. CITIZEN OF WHAT COUNTRY?   19. CITIZEN OF WHAT COUNTRY?   19. CITIZEN OF HOSPITAL, NUSSING HOME OR OTHER INSTITUTION   17. LUSAL RESIDENCE (IF NURSING HOME OF POSPITAL, NUSSING HOME OR OTHER INSTITUTION   17. LUSAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION   17. LUSAL RESIDENCE (IF		3 SE				F	M	ONTH DAY YEAR	6 AGE (IN YEARS LAST 0	RTHOAY)	IF UNDER I YEAR	IF UNDER 24 H
II CITY OR TOWN OF DEATH  TOWS ON  TOWS	7 =		RTHPLACE (STATE OR F	OREIGN	L CITIZEN OF	WHAT COU	NTRY?	RIED ENEVERMARRIED	9 BALTIMORE CITY	OR COUNT		
USUAL RESIDENCE IS PURSOND OR CHARMSTITUTION, CAN ENSURING PROPERSION 113. INSIDE CHITY LIMITS?  13. STATE 113. COUNTY  MD.	- O		ITY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, N	URSING HOA	NE OR OTHER INSTITUTION	12e USUAL OCCUPA (TYPE OF WORK FOR MOST	TION	126. KIND (	
It FATHER'S NAME   MODIE   LAST   ITS MOTHER'S MAIDEN NAME   MODIE   LAST   MATTLDA   BELT	25	USU 136.	AL RESIDENCE (# NUR	136 COUN	OTHER INSTITUTION	13c CITY O	E BEFORE ADMISSI	134. INSIDE CITY LIMITS?	13e STREET ADDRESS			
186 WAS DECEASED EVER IN U.S. ARMED FORCES?   186 SOCIAL SECURITY NO 212-01-6936A   PHILIP HUDSON 413 CHESTNUT AVE. 21204	2,		ATHER'S NAME			LA	ST	15 MOTHER'S MAIDEN N.	AME	INOI A	LA	ST
PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o).  CARDIAC ASYSTOLE  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse (o). Stoling the underlying cause lost  DUE TO, OR AS A CONSEQUENCE OF  UNDERLYING CAUSE IDEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITIONS USED TO T	1	160 \	VAS DECEASED EVER			166 SOCIA	L SECURITY N	17 INFORMANT				
OR CONTRIBUTING CAUSE OF DEATH   HOUR A.M. MONTH DAY TEAR   P.M. 19  21d. INJURY OCCURRED   21e. PLACE OF INJURY   AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)   2711. LOCATION   STREET   CITY OR TOWN   COUNTY   STATE   CITY OR TOWN   COUNTY   STATE   CITY OR TOWN   COUNTY   COUNTY   STATE   CITY OR TOWN   COUNTY   COUNTY   CITY OR TOWN   COUNTY   COUNTY   CITY OR TOWN   COUNTY   CITY OR TOWN   COUNTY   COUNTY   COUNTY   CITY OR TOWN   COUNTY   COUNTY   CITY OR TOWN   COUNTY   CITY OR TOWN		CATION	underlying cause	NIFICANT C	(c)ONDITIONS <u>C</u>	ADE ONTRIBUTION	G TO DEATH	CINOMA, BO BUT NOT RELATED TO THE TER.		20b. IF YI	ES, WERE FINDI	NGS USED
220   certify that (I) (this haspital) attended the deceased from 7   19   10   0   19   19   10   19   10   19   19	7		OR CONTRIBUTING	CAUSE OF DEAT	HOUR A.	M. MONT		AR		Y	res 🗌	
saw the deceased alive an 8/5/80 19	/	MEDIC	216 INJURY OCCUR	RED HILE	21e. PLACE	OF INJURY		211 LOCATION	CITY OR TO	DWN F	COUNTY	STATE
276. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN D			220   certify that (I) (this haspital) attended the deceased from 7   19   10   8   27   19   80  , that (I) (we) I saw the deceased glive an   8   15   80   19   and that in (my) (everypoint death occurred on the date and hour and from the courses stated									
			Donol	QZ	Some	ville	, we	ATTENDING	MEDICAL ST	AFF ICIAN 🗌	22c DATE 8/2	5/80
		L	BURIAL		23b. DATE AUG. 26	.1980		ETERS	QUEENSTO		COUNTY	MD.
BURIAL AUG. 26.1980 ST. PETERS QUEENSTOWN COUNTY STA	iм /79		UNERAL DIRECTOR NAME TCHELL-WT	EDEFEI	D HOME	6500			TE REC'D. BY REGISTRA	R 25b. REGIS	STRAR'S SIGNA	PRE

CONTRACTOR TO THE STATE OF THE MANUFER THE THE SELECTION OF THE PROPERTY OF T Supple , march 14473 1311 SAIDS 65 254 5 Piles and the state of th 2/11/16 Bornes L. Son alle Mis 31173 a filter and the first of the second on the page 1. Car Colle 936

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 mm tetained by the hospital or attending physician.

1.	FOR STATE REGISTRAR	STATE OF M DEPARTMENT OF HEALTH CERTIFICATE	AND MENTAL HYGIE	NE 8 0	1960
	CEASED NAME FIRST	MIDDLE LAST	2	DATE OF DEATH MON	TH GAY YEAR 25. HOUR
(1117	Vi	rginus L. HUGHES		August 22.	1980 6:10
3 SE		4 RACE 5 DATE OF BIRTI		AGE (IN YEARS LAST BIRTHDAY	Y) IF UNDER 1 YEAR IF UNDER 24 H
	Male	White 12-	25-1897	82	YRS. HOURS MI
25 0	RTHPLACE (STATE OR FOREIGN OUNTRY)  ryland	U.S.A. WIDOWED	VEVER MARRIED DIVORCED	Baltimore city or co	
=	TYOR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Franklin Squafe Hosp		usual occupation type of work for most of wo alesman	
5 Ma	ryland Bal	timore Baltimore YES	□ NOX□ 1	street address 902 Leland	
2	ATHER'S NAME FIRST	MIDDLE LAST	OTHER'S MAIDEN NAME	WIDDLE	LAST
			Vanny		Fore
	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES)	FORMANT	ADDRESS	
*	No	220-38-8500 Mrs	s. Margare	t C. Hughe	es 1902 Leland
	18 CAUSE OF DEATH (Enter	only ane cause per line far (a), (b), and (c).  SED BY,  ATE CAUSE (a).  Cardio-pulmona			APPROXIMATE INTERVA- BETWEEN ONSET AND DE
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMIN	AL DISEASE OR CONDITH	ON GIVEN IN PART 1(a)
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS	PERFORMED	200 AUTOPSY? 20 IN	III. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH?  YES NO NO
~ /	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.M. MONTH DAY YEAR	IOW INJURY OCCURRED	O (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2}
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE TO AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	OCATION STREET	CITY OR TOWN	COUNTY STATE
		pital) attended the deceased fram August  August  19 80 and that  DEGRE	in (McL(aur) apinian dec E ATTENDING	MEDICAL STAFF	and haur and fram the causes states
1	174 PHYSICIAN'S DIAME HYPE Hattie F		PHYSICIAN [] I	orector physician of Square Dr.	
23a. (	BURIAL, CREMATION, REMOVA		*	23d. LOCATION CITY OR TOWN	COUNTY STATE
27.5	Burial	8-25-80 Orems Met		Balto.,	Balto., Md
	UNERAL DIRECTOR	AL HOME 7401 Belair R		EC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE

A B o P C To D security of the contract of 20 70 m p 2 p 2 Thereas stands a stand of the stands of the the second of the first rout of the control of the TANGET OF FORE DOCUMENT . DAMES TO THE STREET

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X		· STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.			
		CEASED NAME FIRST E OR PRINT)	MIDOLE	LAST	August 14, 1980	Y YEAR 25 HOUR P		
	_	JULI		HUMPHREYS		N		
1	3. SE		4 RACE	5. DATE OF BIRTH  MONTH DAY YEAR		UNDER I YEAR IF UNDER 24 HRS		
	_	Female	White	Feb. 28 17	63 yrs.			
12		RTHPLACE (STATE OR FOREIGN COUNTRY)  Ohio	76 CITIZEN OF WHAT COUNTRY? 8.  U.S.A. WIDOWED □ DIVO		Date more cour	nty MD		
10. CITY OR TOWN OF DEATH  Rossville		Rossville	Franklin Squa	are Hospital	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  OWN HOME			
36	130.	STATE 13b. COU			3503 Buckboard	d Lane 2122		
30		Paul FIRST	Szolt;	yk Anna	AME	Miotla		
1		VAS DECEASED EVER IN U.S. A	IVE WAR OR DATEST		ADDRESS			
4		no	214-24-		er R. Humphreys	Same as 1		
	7	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (c)	JENCE OF	MINAL DISEASE OR CONDITION GIVEN	NIN PART I(o)		
2	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	H OPERATION WAS PERFORMED	20a AUTOPSY? YES NOTY YES YES	WERE FINDINGS USED NG CAUSES OF DEATH? NO \( \bigcap \)		
9		21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE	ATH HOUR A.M. MONTH E	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18, PART			
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE		
	22a.1 certify that & (this haspital) attended the deceased fram August 6 19 80 to August 14 19 80 and that in (by) (our) opinion death accurred on the date and hour with body after death.							
(	_	17. SIGNATURE	tug.	ATTENDING PHYSICIAN  220. ADDRESS  0000 Fnank	MEDICAL STAFF DIRECTOR PHYSICIAN  11n Square Dr., 21	8/14/50		
1	-	Rona la J	. Crisp MD	9000 11 alik	1111 0 9 0 0 0 0 1 1 7 0 0	Lpr		

STATE OF MARYLAND

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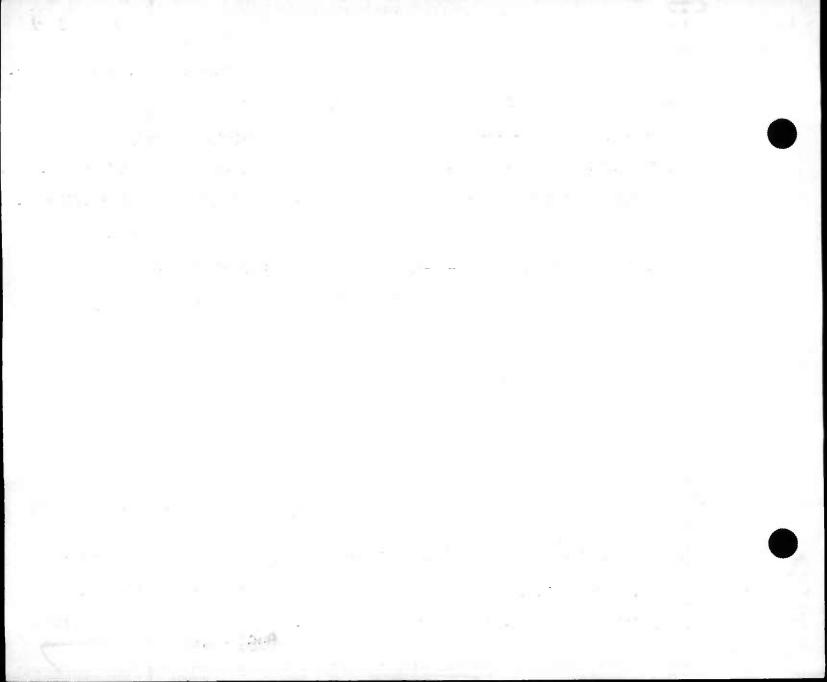


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(VRA 15, 4) 7/78

STATE OF MARYLAND



	Page 1	liecs Orsa
	M	١
RE, MARYLAND 21201	TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour return the hospital or attending physician.	AAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the acted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed.
V. PRESTON ST., BALTIMO	hat the death certificate be e	y the attending physician and remove carbon papers. Pages
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	/SICIAN: The law requires to hysician.	certificate has been signed by transit permit. Then please
DIVISION	TAL OF ATTENDING PHYSICIAN:	IAL DIRECTOR: After this etached for use as the burial

DHMH-16 25M (VRA 15, 4) 1/79

FOR
- STATE
REGISTRAR

I. DECEASED NAME

FIRST May

DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8	O REG. NO.	1	9 6	1	Ò
WIDDLE		AST	2e DATE OF			AY YEAR	26. HOL	JR A
G .	I	iyde	Augu	st 26,	1980	,	14	AM
ite	S DATE O	7 27, DAY 1910 EAR	6. AGE INYE	ARS LAST BIRTHO		F UNDER I YEAR	HOURS	MIN.
N OF WHAT COUNTRY? $.S.A.$	MARRIE WIDOWI	D M NEVER MARRIED D	9 BALTIMOI Balt.	re city <u>or</u> c imore				MD.
E OF HOSPITAL, NURS IN I INSUCH FACILITY, GME STREET 360 Ridge Ty				OCCUPATION FOR MOSL OF W EWITE		12b. KIND C INDUSTRY	OF BUSIN	ESS OR
TUTION, GIVE RESIDENCE BEFORE  13c. CITY OR TOWN  PAIKVI		134 INSIDE CITY LIMITS?	13. 8366	NDDRESS Ridge	ly Oa	ak Rd		
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166 SOCIAL SECT 188) 214-14-4		Mr Richard	Hyde	ADDRESS	Sar	ne		
se per line far (a), (b), ar	di	orienal	Fail	une:	作 <b>き</b>	BETWEEN 3	MATE INTE	DEATH OULL
TO, ORAS A CONSEOU	ENCE OF	erdin Rhe	undo	id a	that	is 11	y	w

9	3 SE	Female	4 RACE White			7 27, DAY 1910 EAR	6. AGE JIN YEARS LAST BIRT		ONTHS DAYS		MIN
35	10. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Mary land 10 CITY OR TOWN OF DEATH Parkville		U.S.A.		MARRIED A NEVER MARRIED WIDOWED DIVORCED		Baltimore County				٨
00			11. NAME OF HO	OSPITAL, NURSIN FACILITY GIVE STREET I RIGGELY	G HOME C ADDRESS) Oak E	or other institution	126 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE; HOUSEWITE				
35	13a. S	AL RESIDENCE (IF NURSING HON STATE 136 CC aryland B	e on other institution, go DUNTY altimore	ive residence before 13c. CITY OR TOWN Parkvil	iadmission) Le	134 INSIDE CITY LIMITS?	13. SIREELADDRESS 8360 Ridg	ely Oa	ak Rd		
30	14. FA	William	MIDDLE Lio	ansinger		15. MOTHER'S MAIDEN NAI	WE	We	elty "	AST	
, me me	16a V	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (# YES, NO	CIVE WAR OR DATES	166 SOCIAL SECUI 214-14-4		Mr Richard	Hyde ADDRE	ss San	ne		
in a di		Condition if an objet	, DUE 10, OR	AS A CONSEQUE	76	endle- Il The	unaboid (	OSTRAV.	1	1 W	11
ws any injury, or other tradit	ATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICAL  19a DATE OF OPERATION	DUE TO, OR  (c)  4T CONDITIONS CON	AS A CONSEQUE	Sence OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	20b IF YES	, WERE FIND	INGS USE	
marked of nem to snows any injury, or other trade	MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR  10 DEATH  1196 CONDITIONS COP  1196 CONDITIONS  1196 CONDITIONS  1196 CONDITIONS  1196 CONDITIONS  1196 PLACE  119	AS A CONSEQUE  NTRIBUTING TO D  ION FOR WHICH  INJURY  MONTH DA	DEATH BUT OPERATIO  AY YEAR 19		20a AUTOPSY?	20% IF YES, IN CERTIFY YES	, WERE FIND YING CAUSE	INGS USE S OF DEA NO	TH?

24 FUNERAL DIRECTOR Leonard J Ruck Inc. Baltimore, Maryland

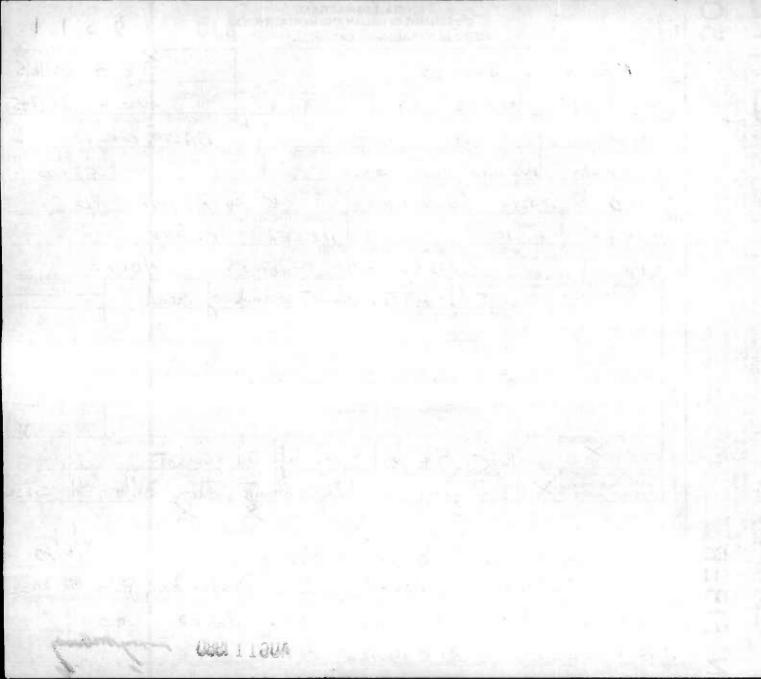
Baltimore, Maryland

1250. Date REC'D. By REGISTRAR 255 FEGISTRAR'S SIGNATURE



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						MARYLAND				
2			FOR STATE			TH AND MENTAL F	73	1 9	6	
			REGISTRAR		EXAMINER'S	CERTIFICATE		REG. NO.		
			CEASED NAME FIRST	MIDDLE		LAST	2a. DATE KN	IOWN MONTH	DAY YEAR	2b. HOUR
	R & S S P		KEVIN	L. JACOL	35		OF E DEATH M	ATED 🗆 🖇	4 1,80	1615 M
	TO TO	3. SE)	4. RACE	5. DATE OF BIRTH		UNDER 1 YR. IF UNDER	R 24 HRS. 2c. DATE MIN PRONOUNCE	нтиом	DAY YEAR	2d. HOUR
	100		m W	4/3/56	24 YRS.	INITIS DATS HOURS	DEAD	AUG	4 1980	1745
	W		RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF WHAT COU	NTRY? B MA	RRIED   NEVER MARR	BALTIMO	RECITY OR COUN	TY OF DEATH	
	S FORE		MO.	USA		OWED DIVORC		LJD. Co.		MD.
	THE FILED.	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	JRSING HOME, OR O	THER INSTITUTION	12a USUAL OCCUPA	TION (TYPE OF WORK	12b. KIND OF BU OR INDUST	SINESS
	200		DUNDALK		on. Col	4	Tokings of Works	5 2 1 2 7	500	
_	ANY DEL AND 3 TO RETAIN I HOULD BE RECORDS,	USU/	L RESIDENCE (IF IN NURSING HOME) TATE 1136 COUN	OR OTHER INSTITUTION, GIVE RESIDENCE		1134 INSIDE CITY LIMITO	13e. STREET ADDRESS			
120	F ANY C AND 3 SHOULD RECORD	100.0	MD		NDALK	YES NO		SHIP	RD	
D. 2	L S 32.	14. Fz	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAID	EN NAME MIDD	E	LAST	
, W	ES THE ES THE	D	HARRY	A SH	LASI	HELEN		ARK	ENG!	
ORI	Z ORN	16a. \	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SC	CIAL SECURITY NO.	17. INFORMANT		ADDRESS		
NIT.	URS AFTEI 3. GIVE PA WITH FO PAGES DIVISION		UNK (IF YES, GIVE	21	5 66 467	9 PARE	NIS	ABO	VE	
BA	WIT PA		18. CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b)		1 1	1		APPROXIMATI BETWEEN ONSE	INTERVAL
ST.	24 HO ITEM 1 LONG PERMIT		PART I DEATH WAS CAUSE	D BY: TE CAUSE (o) Sold -	inflicted	gunshot wo	rund of	read		
10	A ZA A ITE A ITE A ITE Y G IE		9554	DUE TO, OR AS NO	NSEQUENCE OF		0			
PRESTON	LE IN LESS OVER HELD		Conditions, if any, which gave rise to immediate	(b)					11000	
×.	ENCIL AMINE TRAN REMO		cause (a) stoting the <u>under</u>		NSEQUENCE OF			Salar S		- 4 44
301	EX EX ON		lying cause last.	(c)						
	PENDING" IN PENDING" IN PENDING" IN THE MEDICAL E TO AS A BURI HEALTH AND REMATION, C		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RE	ATED TO THE TERMINAL DIS	EASE OR CONDITION GIVEN IN PA	ART 1 (a).			
OR	UID BE E PENDIN FE MEDI ED AS A HEALTH CREMATI	Z								
DIVISION OF VITAL RECORDS,	3: E E E	MEDICAL CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION	WAS PERFORMED?			20. AUTOPSY	
ITA	SHOUND TO THE RIAL, C	III.							YES 🗆	NO
OF	ENERGE <	CER	210. EXTERNAL CAUSE WAS UNDERLYING OR	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	HOW INJURY OCCURR	ED LENTER NATURE OF INJUR	IN ITEM 18 PART 1 OR P.	ART 2)	
NO	# E002E	CAL	CONTRIBUTING CAUSE OF	11/15	4 1980	Jelf - Will	icled gens	LOT		
VISI	CERTIF TING DED T DEPAR	EDI	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJUR STREET, FACTORY, FARM,		LOCATION ISTREBUL	1 Ademin	> Mac	DUNTY A. I	STATE
ā	THIS CER WRITING WARDED AGE 3 S TATE DEF	~	AT WORK AT WORK	Drivew		dalk Comm	umy Colles	r Balto	Trid .	2/222
	SI SI		22a. I certify that I took char	ge of the remains described ob	ove neld an Aut	opsy , Inspectio	an Inquiry	and in my o	pinian	
	EXAMINE CERTIFICA JLD BE FC DIRECTOR WITH THE ARYLAND,			rol couses , Accident		Homicide .	Undetermined mont		1 ,	
	CAM ERTIFE D B NITH RYLA					TITLE (SPECIFY)			8/6/	
	-# O = ±, ≤ _		ACTUAL SIGNATURE	ossan O	Tonova	M.D. Deput	M MEDICAL EXAMIN	DATE SIGN		80
	EDICAL 4 SHOUNERAL DEATH, AORE, M			0	7		3/ 11	4 6	NI Wal	
	TO MEDICAL EXAMENTED THE CERT PAGE 4 SHOULD TO FUNERAL DIRE PRESENT, WIT BALTIMORE, MARYI		EXAMINER'S NAME J.C	kossan o'i	MANONOC	_ADDRESS Z112	Dundalk	Aux., Bo	leta., Ma.	21222
	TO ME EXECUT PAGE TO FUR AFTER BALTIM	23a.B	(TYPE OR PRINT)  URIAL CREMATION, REMOVAL PECIFY)  ORIGINAL	23b. DATE // 23c.	NAME OF CEMETERY		23d LOCATION	COL	INTY ST	ATE
00	7 BP			8/6/80 6	ARDENS	05 SAIT 14	BALT	D. M	0 -	
	DHMH - 17	24. F	INERAL DIRECTOR	ADDRE5S		25a. DATE	REC'D. BY REGISTRAR	25b. REGISTRAR'S	SIANA TRE	
	(VR A15 ME (5)) 15M 7/76	C	. 5. CONNE	LUC 36	OD MAC	E	PITT 1900			



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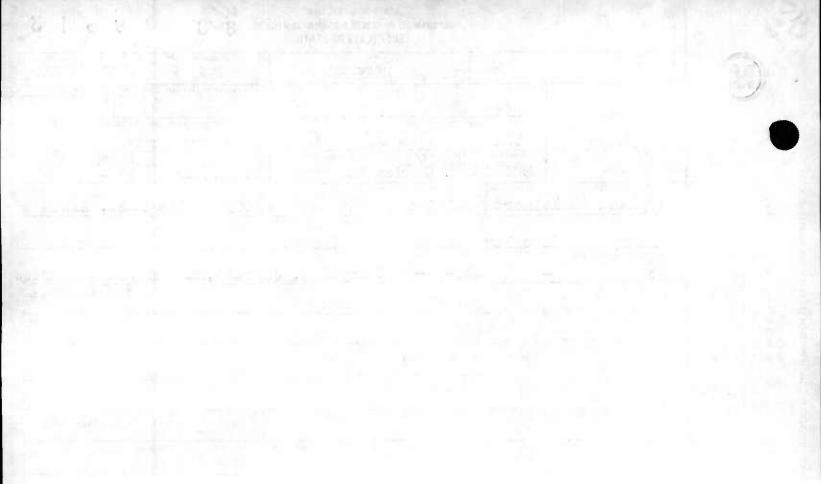
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(TYPE	CEASED NAME E OR PRINT)	Annie	P. Jam	es			August		980	Zh HOUI
3 SE	x <b>Femal</b> e		4 RACE Whit	ce	Dec.	20, DAY 1903 EAR	4. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	HOURS
C	IRTHPLACE (STATE OR OUNTRY) Maryland	FOREIGN	U.S.	A.	MARRIEI WIDOWE	NEVER MARRIED	I Della de constante de constante de constante de la constante de cons			
10 C	Catonsvi.		(IF MOT IN SU	HOSPITAL, NURSING HACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION	12a USUAL OCCUPAT 1TYPE OF WORK FOR MOST O HOUSEWITE		12h KIND (	OF BUSINE
USU 13	AL RESIDENCE (# NU STATE Aryland	Balt.			ADMISSION	13d. INSIDE CITY LIMITS? YES NO	13.6609 ADORESS	cake	Road	
	ather's NAME late Jose	ph Go	rdon	LAST		late Saral			LA	
16a V	WAS DECEASED EVE YES DO OR UNKNOWN)		MED FORCES? WAR OR DATES)	219 16	5597	17 INFORMANT Mrs Catherin	addr ne L Thompso			Rd.
	IS CAUSE OF DEA PART I. DEATH	WAS CAUSES	ly ane cause pe D BY E CAUSE (a)	er line for (a), (b), and	•	when Lite	الم		BETWEEN	MATE INTER
	1. 50 14 1	INTITLEDIA	E CHOSE 10/_			2 4				
	Canditians, if an	y, which	DUE TO, C	OR AS A CONSEQUE		VA X	-		- m	onthu
	gave rise to in cause (a), stat underlying cau	mmediate ting the se last	(b)_ DUE TO, C	DR AS A CONSEQUE	MINA	of Contact	Colon		12	onth
TION	gave rise to in cause (a), statunderlying cau	mmediate ting the se last	(b)_ DUE TO, C (c)_ CONDITIONS C	OR AS A CONSEQUE	ENCE OF MINA	NOT RELATED TO THE TERM	MINAL DISEASE OR CON			
TIFICATION	gave rise to in cause (a), stat underlying cau	mmediate ting the se last	(b)_ DUE TO, C (c)_ CONDITIONS C	OR AS A CONSEQUE	ENCE OF MINA	of Contact		20b. IF YI	ES, WERE FINDI	NGS USED
CAL CERTIFICATION	gave rise to in cause (a), statunderlying cau	mmediate ting the see last  GNIFICANT C  ATION  INDERLYING  CAUSE OF DEA	DUE TO, C  CONDITIONS C  196 CONE  196 CONE  197 HOUR A	OR AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CON 200 AUTOPSY?  YES NO	20b. IF YI IN CERT	ES, WERE FINDI FIFYING CAUSE YES []	NGS USED OF DEAT
MEDICAL CERTIFICATION	gave rise to in cause (a), stal underlying cau  PART 2 OTHER SK  19a DATE OF OPER  21a, ACCIDENT WAS U OR CONTRIBUTING  (IF EITHER, NOTIFY MED  21d INJURY OCCU	mmediate ting the se last GNIFICANT C  ATION  INDERLYING  CAUSE OF DEA DICAL EXAMINER	DUE TO, CO  CONDITIONS C  196 CONE  196 CONE  TH HOUR A  P  21e PLACE	ONTRIBUTING TO DITION FOR WHICH	DEATH BUT  OPERATION  AY YEAR  19	NOT RELATED TO THE TERM	VINAL DISEASE OR CON 200 AUTOPSY?  YES NO	20b. IF YI IN CERT Y RY IN ITEM 18.	ES, WERE FINDI FIFYING CAUSE YES []	NGS USED OF DEAT
	gave rise to in cause (a), statunderlying cau  PART 2 OTHER SK  19a DATE OF OPER  21a ACCIDENT WAS U OR CONTRIBUTING [ (IF EITHER, NOTIFY MED 21d INJURY OCCU WHILE NOT AT WORK AT V  22a 1 certify that ( saw the deceobave, (1) (we)	mmediate ting the se last GNIFICANT C  ATION  ATION  CAUSE OF DEA DICAL EXAMINER  IRRED  WHILE  WHILE  (I) (this haspit assed alive an.	DUE TO, C  (c)  19b COND	OR AS A CONSEQUE CONTRIBUTING TO E  DITION FOR WHICH  DE INJURY L.M. MONTH DA  D.M. OF INJURY IREET, FACTORY, OFFICE, F	DEATH BUT  OPERATION  AY YEAR  19  ARM, ETC.]	NOT RELATED TO THE TERM  N WAS PERFORMED  211 LOCATION STREET  4 ALONG 19  d that in (my) (aur) opinion	280 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU	20b. IF YI IN CERT Y	ES, WERE FIND IFYING CAUSE: YES	NGS USED OF DEAT NO STA
	gave rise to in cause (a), statunderlying cau  PART 2 OTHER SK  19a DATE OF OPER  21a, ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d INJURY OCCU WHILE AT WORK 21d INJURY OCCU WHILE Saw the deceandaye, (1) (we) 22b. SIGNATURE	mmediate ting the se last GNIFICANT C  ATION  INDERLYING CAUSE OF DEA DICAL EXAMINER  IRRED  WHILE CONTROL  WHILE CONTROL  (It) (this haspit pased alive an (did) (did nat	DUE TO, C  (c)  ONDITIONS C  19b CONE  19b CON	OR AS A CONSEQUE CONTRIBUTING TO E  DITION FOR WHICH  DE INJURY L.M. MONTH DA  D.M. OF INJURY IREET, FACTORY, OFFICE, F	DEATH BUT  OPERATION  AY YEAR  19  ARM, ETC.]	NOT RELATED TO THE TERM  WAS PERFORMED  211 LOCATION STREET  211 LOCATION STREET  A MAN 19  A MA	Z00 AUTOPSY?  YES NO CITY OR TO  I death occurred an the death occurred an the death.	20b. IF YI IN CERT Y IN TEM 18.	ES, WERE FIND IFYING CAUSE: YES	NGS USED S OF DEATI NO
	gave rise to in cause (a), stal underlying cau  PART 2 OTHER SIG  19a DATE OF OPER  21a ACCIDENT WAS U OR CONTRIBUTING [ (IF EITHER, NOTIFY MED 21d INJURY OCCU WHILE   NOTIFY ACT 22a I certify that ( saw the deceadave, (I) (we) 22b. SIGNATURE	mmediate ting the se last GNIFICANT C  ATION  INDERLYING CAUSE OF DEA DICAL EXAMINER  IRRED  WHILE CONTROL  WHILE CONTROL  (It) (this haspit pased alive an (did) (did nat	DUE TO, C  CONDITIONS C  196 CONE  196 CONE  196 CONE  196 CONE  197 CONE  198 CONE  1	OR AS A CONSEQUE CONTRIBUTING TO E  DITION FOR WHICH  DE INJURY L.M. MONTH DA  D.M. OF INJURY IREET, FACTORY, OFFICE, F	DEATH BUT  OPERATION  AY YEAR  19  ARM, ETC.]	NOT RELATED TO THE TERM  WAS PERFORMED  211 LOCATION STREET  ARCHA, 19  d that in (my) (aur) opinion  DEGREE  ATTENDING	200 AUTOPSY?  YES NO CITY OR TO  death occurred an the d  MEDICAL STA  DIRECTOR PHYSI	20b. IF YI IN CERT Y IN TEM 18.	ES, WERE FIND IFYING CAUSE: YES	NGS USED OF DEATH

CEPI AS da LA k - malific junior thank anabout to the 5.00 Mores the AVO MARLE Torminal Co of Com FIRM M. STORLE S. WAREN VI HELLEY harden English symptot and Ordered a Miller William Miles many in circus bare of complete ad. anthogas Cier any on

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	TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after desiti. Page retained by the hospital or attending physician.	OTO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	HC	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicia should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
-	TO HOSPITAL OF ATTENDING PHYSICIAN:	S. H.
0	BP.	

1	STATE OF MARYLAND											
3	1 -	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 9 5 5 5 CERTIFICATE OF DEATH								
	1. DECEASED NAME FIRST (TYPE OR PRINT) Leila (AKA Maric			Marie Jarrett Jarrett					20 DATE OF DEATH MONTH DAY YEAR 7:30A M			
	SEX		1	RACE		5 DATE C		YEAR	6. AGE (IN YEARS LAST I		F UNDER 1 YEAR	IF UNDER 24 HRS
		Female		White		Jan.	- /	921	59	YRS		
21	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland			USA   WIDOWE					Baltimore County			MD
5%		Towson	-	11. NAME OF HOSPITAL, NURSING HOME OR CHENOLIN SUCH FACILITY GME STREET ADDRESS!  GBMC 6701 N. Charles			St. 2	1204	12a USUAL OCCUPA (TYPE OF WORK FOR MOS Homemak	OF WORKING LIFE		OF BUSINESS OR
2F	USUA 130. S Ma	RESIDENCE (IF NUR	Balt	THER INSTITUTION	GIVE RESIDENCE BEF 136 CITY OR TO Balti		13d INSIDE CIT	Y LIMITS?	3 503 Da.	nlia I	ane,	21220
	14 FATHER'S NAME						15. MOTHER'S MAIDEN NAME FIRST MIDDLE				14	
03/				echler Sentz			Virgie				Shoemaker	
03/		AS DECEASED EVER		NED FORCES?	166 SOCIAL SE		17 INFORMAN			RESS		
		lo .	_		219-12	-9882	Royal	B. J.	arrett, h	usband	l, same	addres
	CERTIFICATION	PART 2 OTHER SIG			ONTRIBUTING TO				286 AUTOPSY?	20b. IF YES	EN IN PART 1	INGS USED
≪	E								YES NO X		s 🗆	NO 🗆
9		210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEAT	HOUR A.	M. MONTH	DAY YEAR	716 HOW INJ	URY OCCURR	ED JENTER NATURE OF IN	JURY IN ITEM 18, P.	ART I OR PART 2]	
	<b>#</b>	21d. INJURY OCCUR	HILE [	21e PLACE		E, FARM, ETC	21f LOCATIO	N	CITY OR 1	OWN	COUNTY	STATE
		220.1 certify that (I saw the decease above, (I) (we) (					8/1 nd that in (my) (	., 19 <u>80</u> our) opinion (	, to 8/14 death occurred on the	date and have	r and from the	
		27b. SIGNATURE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN										14/80
		Dr. Peter O'Dwyer 6701 N. Charles St. 21204										
	IS	urial, cremation Burial	REMOVAL	236. DATE 8/16/			emetery or conditions and Mem	rematory • Par	23d. LOCATION		county	
M /79	74 FU	NERALDIRECTOR Sonimun Home T	ek Fu	neral			ms Lan 21213	e AUG	E REC'D. BY REGISTRA G 1 5 1980		trey ha	



Comment of the state of the sta phenology page 41. 111. 12 may be har by

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directificate has a specificate has been signed by detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours—mit with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any Injury, or other traumatic event, the medical examines must be notified at one in
TO HOSPITAL OR ATTENDING PHYSICIAN: retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certification to be detached for use as the burial-trans with the State Dept. of Health and Mental H.	IMPORTANT: If Item 21 is marked or Item
BF		_

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	DECEASED NAME	FIRST	590	MIDDLE	LAST		2e DATE OF DE	ATH MONTH	DAY	YEAR	2b. H
)	(TYPE OR PRINT)	SLIVE	R	C	JONE	23		8	3	80	11
) 1	SEX		4 RACE CAU	CACION	5 DATE OF BIRT	H 12 1896	6 AGE (IN YEARS		MONTH	DER I YEAR	IF UP
o te Paro	O. BIRTHPLACE (STATE COUNTRY)	OR FOREIGN	76 CITIZEN OF USA		MARRIED XX	NEVER MARRIED	BALTIMORE Baltin		INTY OF	DEATH	
-	o city or town of Randalls to		(IF NOT IN SUC	HOSPITAL, NURSING CHFACILITY, GIVE STREET ADI	DRESSI		120. USUAL OCC (TYPE OF WORK FOR Retire	CUPATION R MOST OF WORKE	NG LIFE) If	ZIII. KIND C NDUSTRY	F BUS
nu Saliu Ui	JSUAL RESIDENCE (# 30. STATE	13b COUN Balt	OTHER INSTITUTION	136. CITY OR TOWN Lochearn	DMISSION] 134. IN	NSIDE CITY LIMITS?	13e STREET ADD			Ave.	
30	father's name first Charles		MIDDLE	Jones		OTHER'S MAIDEN NA FIRST Martha	ME	NODLE		Chil	
t, the me	WAS DECEASED ET (YES, NO OR UNKNOWN Yes		WAR OR DATES	217-01-343		Mr. 00 Fairmour	Thomas V	ADDRESS V. Simm Baltim	ons,	Jr. MD 2	12
y, or other tra	Canditions, if a gave rise to cause (a), st underlying co	immediate	DUE TO, O	PRAS A CONSEQUENT	la zo	15 #1 Thic Car	dio-Va	sculo	n li	'sea	K
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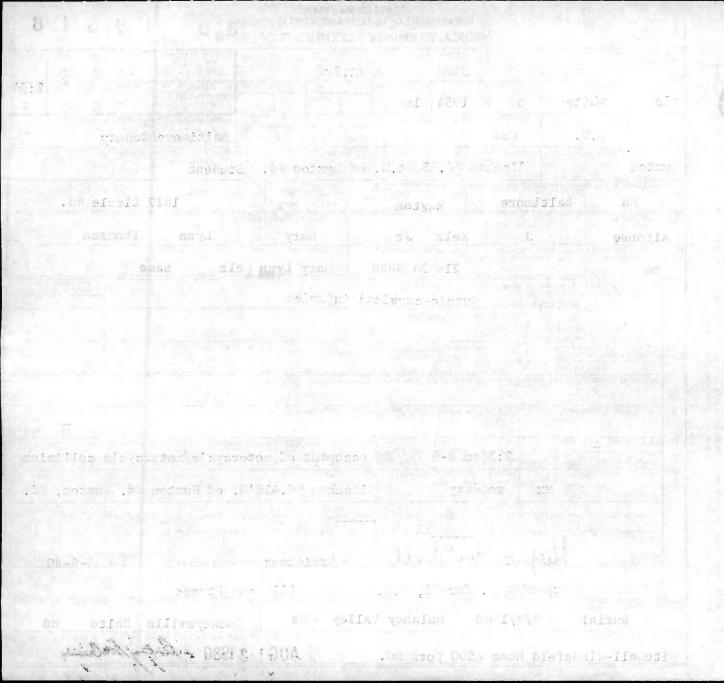
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		CEASED NAME FIRST	K MONTAGU		JORDAN	20 DATE OF DEATH	8 02	YEAR 80	26 HOUR 5.05 P
	3. SE	× M	4. RACE	5. DATE ( MONTH	DAY YEAR	6 AGE (IN YEARS LAST BIRTI	MONTE	DER I YEAR	IF UNDER 24 HR HOURS MIN
ot once		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWI	DE NEVER MARRIED DIVORCED	Baltimore city o	_	4	> ^
58		TOWSON	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET SAINT JOSE!	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF MANAGER		NDUSTRY	rator
35	130	MD BAL	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 130. CITY OR TOW -TIMORE BALTIN	'N	136 INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e STREET ADDRESS	nachie	R	d
30			ague Jordan		Daisey	Jane		McÈ	lwee
e medico	100 V	VAS DECEASED EVER IN U.S. AI XES, NO OR UNKNOWN) (IF YES, GN	E WAR OR DATES		Clare A. Jo				
event, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one cause per line far (a), (b), an ED BY: TE CAUSE (o)	CON	ESTIVE HEAD	RT FAILURE		BETWEEN	MATE INTERVAL ONSET AND DEAT
r troumotic		Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEOU	nced	OVANCED ASC	ZD ,			
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2 and in	IFICATION	190 DATE OF OPERATION  08 - 01 - 86	196. CONDITION FOR WHICH			200 AUTOPSY? YES TO NO 100	20b. IF YES, WE IN CERTIFYING YES	RE FINDIN	OF DEATH?
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orked or	MEDI	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	N C	OUNTY	STATE
n 21 is morked	Ę,	sow the deceased alive or above, (( (we)/(did) (did n	ital) attended the deceased from _ 19 _ 19 _ 19 _ 19 _ 19 _ 11 view the body after death.	80.0		death occurred on the do		from the	
Z			vando		ATTENDING PHYSICIAN	MEDICAL STAF	F IAN 🔀	22c. DATE	SIGNED
IMPORTANT			JAN DO		22e ADDRESS	5t. J	csypl	1fo	20.
	5	Burial, Cremation, Removal Burial	Aug. 5, 80 Bt		emetery or crematory sephs Churc	h Baltimo	re so.	, Md	STATE
5	24. FI	illiam E. Jol	nnson 8521 Loc	h Ra	ven Blvd AU	REC'D4BY 1980AR	256. FEGGE AR	Me	Berly

4		1 -	FOR STATE		DEPARTA	AENT OF H	E OF MAKTLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	1	9 6	17
	\	(TYPE	REGISTRAR CEASED NAME FIRST OR PRINT)  ED 17		MIDDLE E,	K	ELL	REG. N 2a. DATE OF DEATH	MONTH DAT	80	26. HOUR 12.35
Page 4 ms	)	3 SE	RTHPLACE (STATE OR FOREIGN	4 RACE	OF WHAT COUNTRY?	S. DATE C		6. AGE (IN YEARS LAST BIR  9. BALTIMORE CITY C	YRS	UNDER I YEAR	HOURS MIN.
fune of the in 72 ho	35	C	OUNTRY)  TY OR TOWN OF DEATH	U.S	5.A.	WIDOWE		BALTO.	Cour	VTY	M
n by the filled within	90	6	BALTO	PERRIA	SUCH FACILITY, GIVE STREET	ADDRESS)	URS HOME	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSE W	F WORKING LIFE)		Home
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scuted wi	00		ROBERT	MIDDLE	BAUER	DITU	15. MOTHER'S MAIDEN NAMERST	CAROU ADDR	NE	GEG	ZBEN
ian and c	2		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	210-38-		MARY JO	NES		ME	
eath certifica nding physic arbon papers			IB CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	TE CAUSE (a)	OR AS A CONSEOU	myo	cardial ely	archon		mer.	MATE INTERVAL DINSET AND DEATH
es that the ded by the atternate case remove case remainer			Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)	OR AS A CONSEQUE	(66)	nozceious			ijes	И
IDING PHYSICIAN: The law requir intending physician.  After this certificate has been signe is the burial-transit permit. Then ple thit and Mental Hygiene prior to bur		NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO I		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	N IN PART 16	1
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IDING PI Ittending After the Is the bur Ith and M		MED	WHILE NOT WHILE AT WORK	21a PLAC (AT HOME	CE OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY OF TO	ΝN	COUNTY	STATE
A ATTEN spital or a RECTOR for use a ft. of Heal	4		220.1 certify that (I) (this hasp saw the deceased alive a abave, (I) (we) (did) (did a	n_ Jul	4 21 19	8'D_, or	od that in (my) (our) apinion of	death occurred on the d	ote and haur o	and from the	
TAL OF y the hory the hory the horder DIR detached state Dep			226. SIGNATURE		ino MD		ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	1-30
TO HOSPITAL retained by the ITO FUNERAL IS should be detach with the State D MAD REAM TO MAD STATE TO MAD STA	1		J. F. Palmi	lsano,			<u></u>	Raven Bly	7d. B	alto.	, Md.
BP			Burial Burial	236. DATE 8-11-	-80 Ba	lto.	Mational	23d. LOCATION CITY OR TOWN  Balto  REC'D. BY REGISTRAR		OUNTY	STATE Md
DHMH-16 25 (VRA 15, 4) 1	M /79		W. Jenkins	& Sons	ADDRESS 9	)5 Yo	rk Rd. 25e. DATE	- A AOOO	The party	y freed	why

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11	1-	FOR STATE REGISTRAR	DEPARTN	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO		6	19
14		CEASED NAME FIRST OR PRINT)	Norman A. KE	MMERZELL	August	12, 198		6:02P
rs offi	3. SEX		4 RACE	5. DATE OF BIRTH  MONTH / 2 6 / 0 4 YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UN MONTH	IDER I YEAR	IF UNDER 24 HRS
t once.		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore city o	rcounty of to	inty	MD.
Copilied	10. CI	QSS V/LLE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET /	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O	F WORKING LIFE) IN	NDUSTRY	BUSINESS OR
ar most be	13a. S	AL RESIDENCE (IF MURSING HOME OF TATE 13b COU		13d. INSIDE CITY LIMITS? YES NO P		BONAP	PARTE	AVE
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medico			ive war or Dates) 21210		KEMME	RZEL		A BOF
buriol, cremotion, or i	z	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost.  PART 2. OTHER SIGNIFICANT	(b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	NCE OF DEATH BUT NOT RELATED TO THE TERM	ninal disease or con	DITION GIVEN I	N PART 1(o)	
ws ony inj	CERTIFICATION	19a, date of operation	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	G CAUSES O	
them 18 sho		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (15 EITHER NOTIFY MEDICAL EXAMIN	HOUR A.M. MONTH DA	Y YEAR 19			7	
rked or h	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	2)f LOCATION STREET	CITY OR TO	wn (	COUNTY	STATE
If Nem 21 is mo		sow the deceased alive a	pital) attended the deceased from		, to			
with the Stote		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS				

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DHMH-16 30M 2/80 (VRA 15, 4)

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SOL LEVINSON & BROS, INC.

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FOR

DHMH-16 25M (VRA 15, 4) 1/79 STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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within 24 hours after death. Page 4 may be

## STATE OF MARYLAND

9 DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙎

1 -	FOR STATE REGISTRAR			DEPAI		EALTH AND	MENTAL HYG DEATH	IENE 8	REG. NO.	1	9	6	2	1
	CEASED NAME OR PRINT) KARE	FIRS1	104	NIDDLE CEE		NAST C	W	2a DATE O	FDEATH M	P	3	YEAR QD	26 HOL	A M
3 SE	F		race W		HINOM	DE BIRTH	YEAR 7	6 AGE (INY	EARS LAST BIRTHD	YRS	IF UNDE	ER I YEAR DAYS	IF UNDER	R 24 HRS MIN
HE	RTHPLACE ISTATE OR FOO OUNTRY) SSACHUSE	775	USA		MARRIEI		VORCED 🗌	9 BALTIMO	RECITY OR	COUNT	Y OF DE	s B	alt	G CO MD.
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13a. S	AL RESIDENCE (IF NURS) STATE  ATTHER'S NAME	130 COUN.		GIVE RESIDENCE BE 130 CITY OR TO		YES [	ITY LIMITS? NO 🏠 S MAIDEN NAM	13e. STREET	SAND	HI	4	RO	•	
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	VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	217-8	2 - 4342	Arle:	ne P. Ke	enasto	n Nor	-	ast	, Md	•	
	18 CAUSE OF DEATH PART I. DEATH W	AS CAUSED IMMEDIATE	DUE TO, OF	Ine for (a), (b), PARO(D R AS A CONSEC PUL HO	- NESP		ZY ARI	NEST OU				11	min	POPERTH 1 LATES 4 CARS
	gove rise to imm cause (a), statin- underlying cause	nediote	DUE TO, OF	RAS A CONSE	01151165.05		DISE					sme	c b	irTh
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MEDICAL CE	21a ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	AUSE OF DEAT	21b TIME O HOUR A./ P./ 21e PLACE O	M, MONTH M.	DAY YEAR	21c HOW IN	IJURY OCCURR	RED (ENTER NA	TURE OF INJURY	IN ITEM 18, I	PART 1 OR	PART 2)		
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	220.1 certify that (I) saw the december above, (I (we) (d	d alive an	8/3	19	80 . or	DEGREE	(bur) apinian o	death accurre	ed on the date	e and hav		2c. DATE	SIGNED	
	722d. PHYSICIAN'S NA ELSA	AE (TYPE OR	,	UARO	10	22e ADDRES	PHYSICIAN [	DIRECTOR	PHYSICIA	1	טעני	8/3 45		L5
	SURIAL, CREMATION,	REMOVAL	123h DATE		3r NAME OF C	EMETERY OR	CREMATORY	23d. LOC/			COUNT			TATE

BP.

DHMH - 16 60M 1/75 (VR A 15 (4))

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

retained by the haspital ar attending physician.

injury, ar ather troumatic event, the

24. FUNERAL DIRECTOR

Eline Funeral Home Reisterstown, Md. 21136

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST MIDDLE 2s. DATE OF DEATH MONTH 26. HOUR LTYPE OR PRINTS 3. SEX 4 RACE 5. DATE OF BIRTH AGE IN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS MONTH HOURS MONTHS DAYS MIN. Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) WIDOWED DIVORCED MD. IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12s USUAL OCCUPATION 12h. KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPEO WORK FOR MOST OF WOR INDUSTRY HNG LIFE USELUIN USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY 130 STAJE 13. STREET ADDRESS 13c CITY OR TOWN 13d INSIDE CITY LIMITS? ALKER AVE. YES [ NO A OF 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMAN' ADDRESS I IF YES, GIVE WAR OR DATES) (YES, NO OF UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IS CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. erehr 112 -IMMEDIATE CAUSE (0) a DUE TO, OR AS A CONSEQUENCE OF ARTERIO SCLE ROSIS eReb Canditians, if any, which other gave rise to immediate cause (a), stating the ? DUE TO, OR AS A CONSEQUENCE OF ā underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 9 CERTIFICATION 206. IF YES, WERE FINDINGS USED 10 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? p ansit perm IN CERTIFYING CAUSES OF DEATH? NO NO T YES [ 20 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR Mentali OR CONTRIBUTING CAUSE OF DEATH ¥ (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M MEDIC/ 5 21d INJURY OCCURRED 211 LOCATION 21ª PLACE OF INJURY STREET CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 220 I certify that (I) (this haspital) attended the , that (I) (we) last saw the deceased alive on\_ and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated of above, (Liest) (did) (did not) view the bady after death DEGREE 22c DATE SIGNED O FUNERAL Debuild be detach MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING MPORTANT PHYSICIAN [ 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 230 BURIAL CREMATION REMOVAL NAME OF CEMETERY OR CREMATORY 236. DATE 23d. LOCATION CITY OR TOWN COUNTY 25a. DATE REC'D. BY REGISTRAR 25b. JOBGISTRAR'S DHMH-16 25M ERSTOWN A (VRA 15, 4) 1/79

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	FOR - STATE		DEPAR	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG	IENE 8 ()		9 6	2
	REGISTRAR ECEASED NAME PE OR PRINTI	FIRST	Marie		ICATE OF DEATH	REG. NO	O. MONTH DAY	1920	2h. HOUR
3 50	Female	4 RACE	hite	5. DATE C		& AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER 2
RY CR	BIRTHPLACE (STATE OR FO COUNTRY) altimore, Md	. U.	N OF WHAT COUNTR	WIDOWE		Baltimore City o	County	FDEATH	
Re	city or town of DEA andalls town	Balt	t in such facility, give stri imore Co.	reet address) General	ROTHER INSTITUTION  Hospital	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O  Un-Employe	ON F WORKING LIFEL	12h KIND O INDUSTRY	F BUSINES
130	Maryland	ing home or other insti 136 COUNTY Baltimore	itution, give residence ber 13c CITY OR TO Randal	OWN	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 3454 Carri	age Hi	ll Cir	cle,A
Sa Osa	Joseph	MIDDLE W.	Kimb	all	15 MOTHER'S MAIDEN NAI FIRST Julia	A .		Clank	
- E / 160	WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED FORG			Mr. James E.	pt.101,Rana Kimball,34		riage	
hen please remove to burial, cremati y injury, or other	Conditions, if any, gave rise to imm cause to imm underlying cause	g the DUE	TO, OR AS A CONSEC		NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITIÓN GIVEN	IN PART 10	01
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detached for use as the burial-tra State Dept. or Health and Mental ANT: If Item 21 is marked or Item MEDICAL	21a. ACCIDEN WAS UND OR CONTRIBUTED TO OR CONTRIBUTED OR CONTRIBUTED TO OR CONTRIBUTED TO OR CONTRIBUTED TO OR CONTRIBUTED OR CONTRIBUTED TO OR CONTRIBUTED OR CONTRIBUTED TO	PERLYING   21b. T HOU ALEXAMINER)  RED   21e P (AT HO (this hospital) attended alive and hid indid not the control of the cont	IME OF INJURY UR A.M. MONTH P.M. PLACE OF INJURY OME, STREET, FACTORY, OFFICE ded the deceosed from	DAY YEAR 19 CE, FARM, ETC)	211. LOCATION 211. LOCATION STREET  19 dd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	YES NO CENTER NATURE OF INJUING CITY OR TOW	IN CERTIFY IN YES [ IV IN ITEM 18, PART  TO THE ORD TH	COUNTY	STA
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ALLE DEBLISHED

			STATE OF MARYLAND					
FOR STATE REGISTRAR		D	EPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE	8	O REG. N	10	-
EASED NAME	FIRST	MIDDLE	LAST	2a. D.	ATE OF	DEATH		

1		STATE REGISTRAR			ICATE OF DEATH	REG. N		0 2	5
À		CEASED NAME FIRST OR PRINT)	ARY L.		AST AHATA	24 DATE OF DEATH	8/19/80	26. HOUR 5:45	
	3 SEX	emale	White	S DATE O	DAY YEAR	4. AGE (IN YEARS LAST BIRT	MONTHS.	DAYS HOURS	MIN
1	7a BIF	RTHPLACE (STATE OR FOREIGN SOUTH)	76 CITIZEN OF WHAT CO	LITENA A	X NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DE		MD.
10	10 CI	TOWSON	11. NAME OF HOSPITAL,	NURSING HOME C	OR OTHER INSTITUTION	12ª USUAL OCCUPATION OF THE OF WORR FOR MOST OF THE OF WORR FOR MOST OF THE OFFICE WO	F WORKING LIFE) IND	KIND OF BUSINES USTRY Bedding	SSOR
7	130. S Ma.:	ryland B		nce before admission) or town 21236	YES NO X		dawan Ro	oad	
C	I4. FA	THER'S NAME George	MDDLE Kalbf.	leisch	Is mother's maiden name Leonil	la MIDDLE		oel <sup>ast</sup>	
			GIVE WAR OR DATES)	al security no -12-7753	17 INFORMANT Henry C. Ki	tahata964	3 Dunday	21236 wan Rd.	
		PART I. DEATH WAS CA	er anly one cause per line far (a LUSED BY. DIATE CAUSE (a)	VER FAIL	URE		. 8	APPROXIMATE INTERVETWEEN ONSET AND D	PEATH
		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CO	EAST CA				11 YRS	
	NO	PART 2 OTHER SIGNIFICAL	NT CONDITIONS CONTRIBUTE	ING TO DEATH BUT	NOT RELATED TO THE TERM	inal disease or con	DITION GIVEN IN P	'ART I(a)	
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?		FINDINGS USED AUSES OF DEATH	H?
-		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI	F DEATH HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR I	PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY	r, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	vn cou	NTY STA	ATE
			e an d nat) frew the bady after deat	h. 19 00 , ar	d that in (my) (aur) apinion o		ate and havr and fr	-	
		27b. SIGNATURE	Ken Si	lu l		MEDICAL STAI	FF J	DAY SIGNED	82
		221. PHYSICIAN'S NAME (TY	HEN-57	EU.	22e ADDRESS	· M. (		/	
	E	urial, Cremation, Remove the Combiner of the C	VAL 236. DATE Aug. 22, 180		emetery or crematory nd Mem. Pk.	Balto.	Co., Mc	TSTAT	TE.
		INERAI DIRECTOR	1 0 0 0 40 6 7		25a DATE	REC'D. BY REGISTRAR	256. RECESTION'S S	1900 Deady	

Johnson 8521 Loch Raven Blvd

DHMH-16 25M (VRA 15, 4) 1/79

William E.

TO FUNERAL DIRECTOR:

should be detached for use as the burial-transit permit. Then please remove with the State Dept, of Health and Mental Hygiene prior to burial, cremati

IMPORTANT: If Item 21 is marked or Item 18 shows

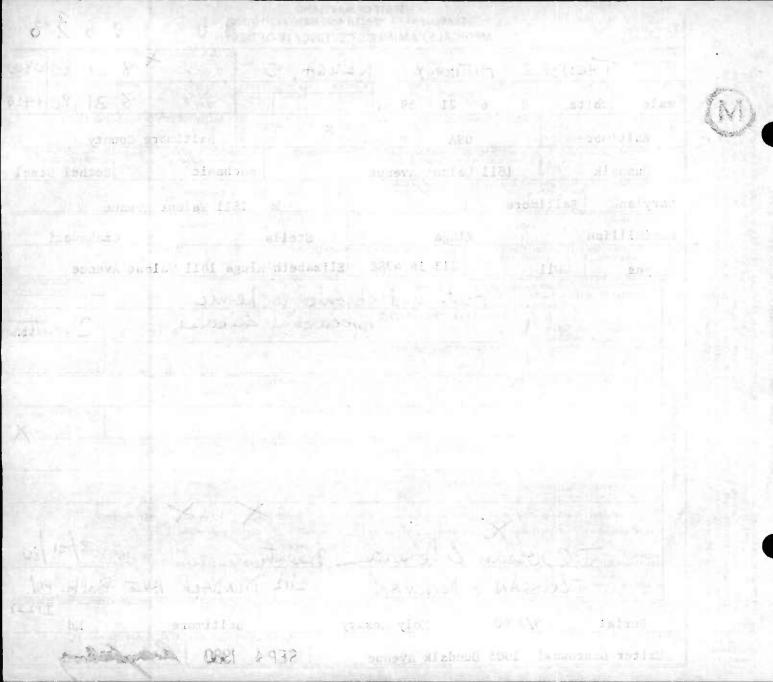
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Chicago Principal Charges Silver Control of Control

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between 1922 and Allenna Pelle. Williams and the second



4 may be

requires that the death certificate be executed within 24 hours after

ATTENDING PHYSICIAN: The low

TO HOSPITAL OF ATTENDING PHYSICIAN: The retained by the haspital or attending physician.

				STATE OF MARYLAND	- 10 mile
	10	1 -	FOR STATE REGISTRAR	CERTIFICATE OF DEATH  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8  REG. NO.	9 6 2 7
		I. DE	CEASED NAME FIRST	MIDDLE LAST 26 DATE OF DEATH MONTH DA	Y YEAR 26. HOUR
, page 3		,	WILLIAM	I. KNAVEF AUGUST 13 19	80 330 PM
po ,		3. SE	X		UNGER 1 YEAR # UNDER 24 HRS
24		(	JALE	WHITE JULY 25 1910 TO YES	ONTHS DAYS HOURS MIN
/ Neg Y	8		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY? AMARRIED NEVER MARRIED 1 BALTIMORE CITY OR COUNTY	F DEATH
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93	pa	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	126. KIND OF BUSINESS OR INDUSTRY
by the	00	18	ARKVILLE	2808 EMERALD ROAD SUP. M. READ.	BALTO G. +E.
d in	must be	USU.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 4TY	
nin 24 m should b	E C	$\Gamma$		TO. PARKVILLE YES NOW 2808 EMERAL	O ROAD
5 4 6	nine	14. FA	ATHER'S NAME	MIDDLE LAST FIRST MIDDLE	Tast
and buo	examine	-	IRA E	KNAUFF CATHERINE E.	KRONEY
security of co	medico		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
o e exect		6	TES WU		10
ysicio	event, the		18 CAUSE OF DEATH (Enter or	ly ane cause per line for (a), (b), and (c), (b)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
an physical components of the	even		PART I. DEATH WAS CAUSE IMMEDIA	ECAUSE (0) CARDIOPULMONARY ARKEST	5 MIN
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offe ove	0		Canditians, if any, which	(b) CARCINONA OF LUNG	10 MO.
the mean	er ti		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	
d by eese	or other		underlying cause last	(c)	
en pl	ury, c	7	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	IN PART 1(a)
been s	, io	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
erm se pr	vs ony	5	196 DATE OF OPERATION	IN CERTIFY!	ING CAUSES OF DEATH?
icior ite h	s of	ERT	21a ACCIDENT WAS UNDERLYING	YES NO YES  216. TIME OF INJURY  211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PAR	NO [
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RECT	E 5		obove, (I) (we) (did) (did) (did)	m view the body after death.  DEGREE	22c DATE SIGNED
toch toch	#		1 1/02	ATTENDING MEDICAL STAFF	
by ERA	Z-	1	224 PHYSICIAN'S NAME ITHE	PHYSICIAN DORECTOR PHYSICIAN	ang 14/200
etained TO FUN Should b	ORT		0		^
retained by TO FUNERA should be de	¥	23- 5	DR-SAMUEL BURIAL CREMATION, REMOVAL	1236 DATE 1236 NAME OF CEMETERY OR CREMATORY 1236 LOCATION	ν
BP		230	SPECIFY)	CITY OR TOWN	OUNTY MACH STATE
or	_	24 FI	JURIAL UNERAL DIRECTOR	18-15-1980 BALTO-NATIONAL BALTIMORE	AR'S SIGNATURE
DHMH-16 (VRA 15, 4)	20M 7/78		MAME FLINGRAL	CHAPEL 3800 HARFORD RD. AUG 1 9 1980	as Bushy

The stray bearing y

	-		CEASED NAME FIRST	WIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
y be		(TYPE	Shirle,	y Grace	Kn	<b>i</b> ght	August	16, 1	980 2:09 <sup>a</sup>
де 4 то		3. SE	F	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UND MONTHS	DAYS HOURS M
og Ta			RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	INTRY? 8.	10	9 BALTIMORE CITY		EATH
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by the fulled with	57	10. C	ROSSULLE	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	DE WORKING LIFE) IN	KIND OF BUSINESS DUSTRY
filled in I ould be f	35		AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN	NOTHER INSTITUTION, GIVE RESIDENT NTY 13c. CITY C		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	BEVA	us LN
2 sh		14 FA	THER'S NAME	MIDDLE I	457	15. MOTHER'S MAIDEN NA	WE	0-011	TZAL
omple	250		HERBERT	HELKLI		MARIE	SI4 IR	LET	LASI
ond co	1				L SECURITY NO.	17 INFORMANT			A BOL
rs. Pe			NO		-24-8888		m. KIL		
hysic pape ovol.			18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	nly one couse per line for (a). DBY: Card	(b), ond (c).)	tory arrest			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
ng p			IMMEDIAT	TE CAUSE (a)	or capita	cory arrese		DISEASE	
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has be t permit iene pric	2	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?		E FINDINGS USED CAUSES OF DEATH? NO
rons Hyg	9	CER	210. ACCIDENT WAS UNDERLYING	116. TIME OF INJURY	TH DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART I OF	PART 2)
riol-t entol	/	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	NIII	19				
d M		AEDI	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn co	DUNTY STATE
os th th or		•	AT WORK NOT WHILE AT WORK						
JR: A Use Heal			22a I certify that (1) this hospit		VO	, 19	, to	, .,	, that (I) (we)
d for t. of			saw the deceased alive an above, (I) we) (did) (did na			d that in (my) (our) opinian o	death accurred on the d		
AL DIRE detoche ote Dep			226. SIGNATURE	3 Sagni	MO	DEGREE ATTENDING X PHYSICIAN X	MEDICAL STA		S IS 8
be St	1		22d PHYSICIAN'S NAME (TYPE O			22e ADDRESS	11. 0 /	110	0
hould by	- 1		Dr. Daniel Sa	pir U		SUHOL	HOPKINS	HO.	SP
็ค ⊢_≃ ≀ ₹		23a F	URIAL CREMATION REMOVAL	123h DATE	234 NAME OF C	EMETERY OR CREMATORY	23d LOCATION		

300 MACE

FOR

REGISTRAR

23e. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

BP

DHMH-16 30M 2/80

(VRA 15, 4)

BURIAL

LS. CONNELLY

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

HOSP 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

REG. NO

26 HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

80, that (I) (we) lost

IF UNDER 24 HRS

MD.

& S & & U D AND THE STATE OF THE PARTY OF THE P THE REPORT OF THE PARTY OF THE 

SERVICE REPORT OF THE PROPERTY 
executed

requires that the death certificate be

ATTENDING PHYSICIAN: The law

TO HOSPITAL OF ATTENDING PHYSICIAN fetained by the hospital or attending physician.

BP.

eral director, page 3 72 hours after death

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARIEAND						
DEPARTMENT	OF	HEALT	H AND	MENTAL	HYGIENE	
CF	PTI	FICA	TE OF	DEATH		

8	Ü	1	9	6	2	-
	REG. NO.				110	

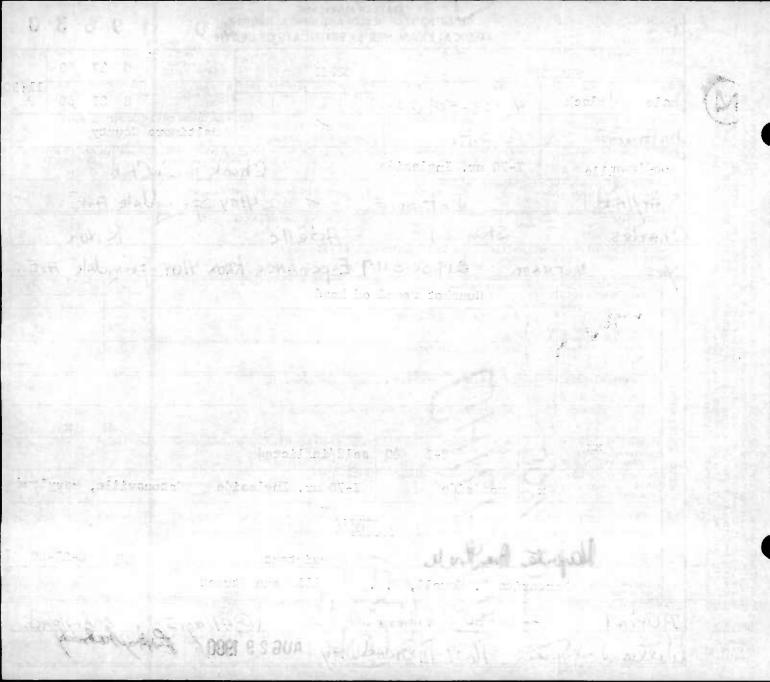
1 -	STATE REGISTRAR			DEPAR	CERTIF	FICATE OF DEATH	REG. NO	0.			1:17	1
	CEASED NAME OR PRINT)	FIRST	A	AIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOU	
	Va	aughn		D.	KNO.	MS. Jr.		1980			6:4	5 a
3 SEX	Male	4 (	White		S. DATE (	DF BIRTH 18.199 YEAR	6 AGE (IN YEARS LAST BIRT	YRS.	MONTHS	DAYS	HOURS	24 HRS
Egg	RIHPLACE ISTATE OR FORM	EIGN 7h	CITIZEN OF	WHAT COUNTRY	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore city o	R COUNT		ATH		M
Ro	ssville 212	237	NAME OF H	OSPITAL NURS	ING HOME O	or other institution tal	IZe USUAL OCCUPATION OST O	ON	17h. 1	KIND O	F BUSINE	SS OF
USUA Na S	TATE TYLAND	Balti	er institution, more	GIVE RESIDENCE BEFO	ORE ADMISSION) WN	134 INSIDE CITY LIMITS?	1325TREE INSPRESSO	odval	le Ro	ì.	212	21
4 FA	THER'S NAME	ughn "D	* Knot	ts LAST		15 MOTHER'S MAIDEN NA	ME Davis MIDDLE	Ţ,		LAS	1	
6e W (YI	(AS DECEASED EVER IN	U.S. ARME		213 22		Patricia E. I	ADDRE Notts, Wife		Same	T		
	Conditions, if any,	S CAUSED B MMEDIATE C	Y (AUSE (0) <u>C</u>	ardiopul:	monary	Arrest g Adenocarcin	oma					DEATH
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DHMH-16 25M (VRA 15, 4) 1/79

Funeral Hope PA 1407 Old Eastern Ave. Alic 1 0 1000 AUG

C. K. C. F. C. C. C. Community for more extracting Herinar Temperar Custom Contract Contract Contract 19915 The office of the get of the second of ages "In account to the fact that the second of the second They Leal Auton Sprake anders of the season of the sea e commence by the commence of the second

STATE OF MARYLAND



1. SEX female white June 6, 1913 67 VRS. 67 VR	1 SEX    Female		1 DE	CEASED NAME FIRST OR PRINT)	Thelma	KOENIG	REG. NO.  1ª DATE OF DEATH MONTH D  AUGUST 3, 1980	26 HOUR 6:35 a
The Birthplace (state or foreign   The Citizen of what country   The Birthplace (state of foreign   The Citizen of what country   The Birthplace (state of foreign   The The Birthplace (state of foreig	The BirthPlace state of coderon   The Citizen of what country   The Arrival   The Country of Death   The Country	6	3. SE	(	4 RACE	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
18 CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   1787 SHALL OCCUPATION (TWO WORLDOWS OWN OR STOR OWNERING LIFE)   11. NAME OF BUSINESS OR PROSECULATION (TWO WORLDOWS OWN OR STOR OWNERING LIFE)   11. NAME OF BUSINESS OR PROSECULATION (TWO WORLDOWS OWN OR STOR OWNERING LIFE)   11. NAME OF BUSINESS OR STORY OWNERING LIFE   11. NO EXAMPLE OF MALE	ROSSVILLE    In Almos of Hospital   In Name	12 F		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED A NEVERMARRIED	1 BALTIMORE CITY OR COUNTY	V
USUAL RESIDENCE (IF NUISHNEH NOTION OF MEMBERS AND SOME AND APPROXIMATE NOTION OF RESIDENCE ADDRESS AND APPROXIMATE NOTION OF APPROX	USUAL RESIDENCE (# NURSEN COME CONTRIBUTION OF RESIDENCE METOR AND INCOME TO THE INSTITUTION OF RESIDENCE METOR AND INCOME TO THE ITEM CONDITION OF REVENIENCE OF PART 1. DEATH WAS CAUSE OF DEATH (Fit of Contribution of Con	557	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII	NG HOME OR OTHER INSTITUTION	120 TUSHAL OCCUPATION (TYPE OF WORKING LIFE	126. KIND OF BUSINESS OR
It fames   Made   Made   Matter   Mat	Is fathers name   Mode   Murphy   Magnes   Mode   Murphy   Magnes   Magnes   Murphy   Magnes   Murphy   Magnes   Magnes   Murphy   Magnes   Magne	35	13c :	TATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION) VN 134. INSIDE CITY LIMITS?	13. STREET ADDRESS 212	221
Part 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)    Part 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)    Part 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)    Part 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)    Part 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)    Part 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)    Part 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED.   100 autropsy?   100 in Certifying Causes of Death?	Test of Death (Enter only one couse per line for (a), (b), and (c).   PART I. DEATH WAS CAUSED BY   Cardiac Arrest; Complications and Sepsis	03		THER'S NAME	MIDDLE LAST	FIRST		Swinson.
PART I. DEATH WAS CAUSED BY.  Cardiac Arrest; Complications and Sepsis  DUE TO, ORAS A GONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost  DUE TO, OR AS A CONSEQUENCE OF  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUT	PART I DEATH WAS CAUSE OB INMEDIATE CAUSE (a)  Conditions, if ony, which gove rise to immediate couse 101, stoting the underlying couse lost  DUE TO, OR AS A GONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/G1  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/G1  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/G1  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/G1  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/G1  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/G1  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/G1  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/G1  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/G1  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/G1  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/G1  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/G1  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/G1  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/G1  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE T	1	16a \	(ES, NO OR UNKNOWN) (IF YES, GI				
OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAY YEAR  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M. 19	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER, NOTHY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AND AT WORK  22d. I certify that (I) (this hospital) attended the deceased from May 30  22d. I certify that (I) (this hospital) attended the deceased from May 30  22d. I certify that (I) (this hospital) attended the deceased from May 30  22d. I certify that (I) (this hospital) attended the deceased from May 30  22d. I certify that (I) (this hospital) attended the deceased from May 30  22d. I certify that (I) (this hospital) attended the deceased from May 30  22d. I certify that (I) (this hospital) attended the deceased from May 30  22d. I certify that (I) (this hospital) attended the deceased from May 30  22d. I certify that (I) (this hospital) attended the deceased from May 30  22d. I certify that (I) (this hospital) attended the deceased from May 30  22d. I certify that (I) (this hospital) attended the deceased from May 30  22d. I certify that (I) (this hospital) attended the deceased from May 30  22d. I certify that (I) (this hospital) attended the deceased from May 30  22d. I certify that (I) (this hospital) attended the deceased from May 30  22d. I certify that (I) (this hospital) attended the deceased from May 30  22d. I certify that (I) (this hospital) attended the deceased from May 30  22d. I certify that (I) (this hospital) attended the deceased from May 30  22d. I certify that (I) (this hospital) attended the deceased from May 30  22d. I certify that (I) (this hospital) attended the deceased from May 30  22d. I certify that (I) (this hospital) attended the deceased from May 30  22d. I certify that (I) (this hospital) attended the deceased from May 30  22d. I certify that (I) (this hospital) attended the deceased from May 30  22d. I certify that (I) (this hospital) attended the deceased from May 30  22d. I certify that (I) (this hospital) attended the deceased from May 30  22d. I certify that (I) (this hospital) attended the deceased from May 30  22d. I ce	njury, or	NOI	cause (a), stating the underlying cause last	(c)		RMINAL DISEASE OR CONDITION GIV	EN IN PART )(o:
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  LIFETIMER, NOTIFY MEDICAL EXAMINER) P.M. 19	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (# EITHER, NOTIFY MEDICAL EXAMINER)  P.M. 19  It PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211. LOCATION  STREET  CITY OR TOWN  COUNTY  STATE  222. Certify that NI) (this hospital) attended the deceased from May 30  Sow the deceased alive on AUGUST 3  1980  AUGUST 3  AUGUST 4  AUGUST 3  AUGUST 4  AUGUST	0 24	ERTIFICAT	5/30/80	Acute intest	tinal obstructions & umbilical her	n due IN CERTIF	YING CAUSES OF DEATH?
	276.1 certify that N) (this hospital) attended the deceased from May 30	0		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	URRED (ENTER MATURE OF HAJURT IN THEM 16, P.	ART TORPART 2)
	DEGREE  ATTENDING MEDICAL STAFF AUgust 3, 19:  AND Montejo M.D.  DEGREE  ATTENDING MEDICAL STAFF AUgust 3, 19:  PHYSICIAN'S NAME (TYPE OR PRINT)  PHYSICIAN DIRECTOR	7		22a.1 certify that(N) (this hasp sow the deceased alive a above(1) (we) (did) (dN)	Notice the body ofter death.	and that in (My) (our) opinio		
270.1 certify that (h) (this haspital) attended the deceased from 100 , 1900 , to AUGUST 3 , 1900 , that (we) lost sow the deceased alive on AUGUST 3 , 1900 , and that in (My) (our) opinion death occurred on the date and hour and from the causes stated above (h) (we) (did) (did her) view the body after death.	Montejo M.D. 9000 Franklin Square Drive 21237	E		Ma Mo	ng) mo	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
276. I certify that (this hospital) attended the deceased from 1143 of 1900, to August 3, 1900, to August 3, 1900, to August 3 and that in (My) (our) opinion death occurred on the date and hour and from the causes stated obove (1) (we) (did) (did not) view the body after death.  276. I certify that (i) (this hospital) attended the deceased from 1143 of 1900, that (we) lost sow the deceased alive and August 3, 1900, that (we) lost and that in (My) (our) opinion death occurred on the date and hour and from the causes stated obove (N) (we) (did) (did not) view the body after death.  276. I certify that (i) (this hospital) attended the deceased from 1143 of 1900, that (we) lost and that in (My) (our) opinion death occurred on the date and hour and from the causes stated obove (N) (we) (did) (did not) view the body after death.  276. DATE SIGNED  ATTENDING MEDICAL STAFF AUgust 3, 1980  AUGUST 3, 1980		NT: If Item		274 PHYSICIAN'S NAME (TYPE	OR PRINT)			

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AND 21	n 24 hau	filled in	#32 g	13a	AL RESIDEN
MARYL	ed within	mpletely and 2 st	S C wine	14. F/	Md ATHER'S NA/ Edw
IIMORE,	be execut	an and ca	Z medical	16a \	VAS DECEA YES, NO OR UNK NO
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.	IMPORTANT: If Item 21 is marked ar Item 18 shows any injury, ar ather traumatic event, the medical examiner must be natified at any	MEDICAL CERTIFICATION	PART 2 OT  19a DATE C  21a. ACCIDE: OR CONTRIBU (IF EITHER, No.) 21d. INJURY WHILE AT WORK  22a. I certiff sow 14
	TO HOSPIT	Shauld be a	IMPORTAN	23a. E	BURIAL CRE
	-			13a. E	BURIAL, CREA

STATE OF MARYLAND

1	1 - STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	1 9 0 0 2
1	DECEASED NAME FIRST (1996 OR PRINT)	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
ı	Marquer		Kormann	Augus	
١	3, SEX	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
١	Female	White	August 24, 1908	71 y	RS.
4	COUNTRY) BY I dae -	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	INTY OF DEATH
Σ	port, w. va.	U.S.A.	WIDOWED DIVORCED	Balt. Co	ounty MD.
)	10. CITY OR TOWN OF DEATH  TOWSO N	Manor Care	Nursing Home	(TYPE OF WORK FOR MOST OF WORK)  CIVIL Ser.	NG LIFE) 126. KIND OF BUSINESS OR INDUSTRY I.R.S.
5		other institution, give residence before A .   13c. City or tow Glen Bi	E ADMISSION)  13d. INSIDE CITY LIMITS?  2 PRO PES NOXC	130 STREET ADDRESS 6508 S. C	Charter Rd.
	14. FATHER'S NAME Edward	Nicho:	15. MOTHER'S MAIDEN NA FIRST Maud	MIDDLE	Sypo1t_
2	160 WAS DECEASED EVER IN U.S. AR/	WAR OR DATES		ADDRESS N	Worth Huntington
ļ	No N	I/A 216.09	9.9557 Mrs. Ocel	la M. Kleppi	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DUE TO, OR AS A CONSEQU  (b)  DUE TO, OR AS A CONSEQU  (c)  ONDITIONS CONTRIBUTING TO		MINAL DISEASE OR CONDITION	I GIVEN IN PART I(a)
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a. AUTOPSY? 20b. II	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?  YES \( \bigcap \)  NO \( \bigcap \)
,		216. TIME OF INJURY HOUR A.M. MONTH D. P.M.	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	
I	OR COMINIBUTING CAUSE OF DEA  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) , 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a I certify that (I) (this documents saw the deceased alive on above (I) (we) and (did not 22b SIONATURE	attended the deceased from 19	ond that in (my) (and opinion DEGREE	death accurred on the date and	hour and from the couses stated  22c. DATE SIGNED
1	224 PHYSICIANS NAME LITTERS	MIN W.		DIRECTOR   PHYSICIAN	1 1/5/80
1	1/5.0	liot Leui M.D	. laza W. Colo	d Spring La.	Baltimore 21210
	236. BURIAL, CREMATION, REMOVAL (SPECIFY) Buria		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
-	DULTE TO THE TOTAL OF THE TOTAL	Aug. 18	oudon Pk. Cem.	Baltimor	
1	24. FUNERAL DIRECTOR	ADDRESS	Gren Burnie.	E REC'D. BY REGISTRARIES RE	THAR'S SIGNATURE
	Singleton Fur	eral Home	Md.	00 T 3 13801	

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should be detached for use os the burial-transit permit. Then please remave cowith the Stote Dept. of Health and Mental Hygiene prior to burial, cremation.

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After this certificate hos

TO FUNERAL DIRECTOR

or other traumotic event, the

		FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND BENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	9 6	3 3
. O 0	12	DECEASED NAME FIRST HELEN	Konstant	Kozanetis		DAY YEAR 22, 1980	26 HOUR 12:30%
ge 4 may ector, par		3.SEX Female	White	S. DATE OF BIRTH Feb. 27, 1904	6 AGE (IN YEARS LAST BIRTHDAY) 76 YRS.	MONTHS OAYS	IF UNDER 24 HRS
neral dir	of ance.	76. BIRTHPLACE (STATE OR FOREIGN BALTIMORE	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Count Baltimore Coun		WE
rs after d by the fu filed with	Confined	Reisterstown	11. NAME OF HOSPITAL, NURSIN LIFNOT IN SUCH FACILITY, GIVE STREET A 221 Mystlc Wood	G HOME OR OTHER INSTITUTION (DOBESS) ROad	TO USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI HOUSEWIFE		F BUSINESS OR
filled in ould be	ed state	USUAL RESIDENCE (# NURSING HOME OF THE STATE BALT	or other institution, give residence before into the control of th	ADMISSION)  134 INSIDE CITY LIMITS?  YES \( \begin{array}{ccccc} \text{TO } & \text{TO } \end{array}	130, SIREET ADDRESS 4011 Parkwood	Avenue	
ed within	examine	H FATHER'S NAME George	MODIE Konstant	IS MOTHER'S MAIDEN NA FRST Georgia	WIDDLE	Kontis	24476
2 8.2	0	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECUI	RITY NO. 17 INFORMANT	ADDRESS		21170

NO OR UNKNOWN) (IF YES, GIVE WAR OR OATES) Michael Zotos 221 Mystic Wood Rd. Reisters. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a1, (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate 101, stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION

20b. IF YES, WERE FINDINGS USED 9a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [] NO 🗌 YES 🗆 NO [ 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21g. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT IFY MEDICAL EXAMINER) P.M ZIE PLACE OF INJURY 211 LOCATION 21d INJURY OCCURRED STREET CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE AT WORK NOT WHILE

22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an AVGUST 6
above, (I) (we) (did) (did not) view the body after death. and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated 226. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Greek Orthodox Cem.

22e ADDRESS

236 BURIAL, CREMATION, REMOVAL Burial

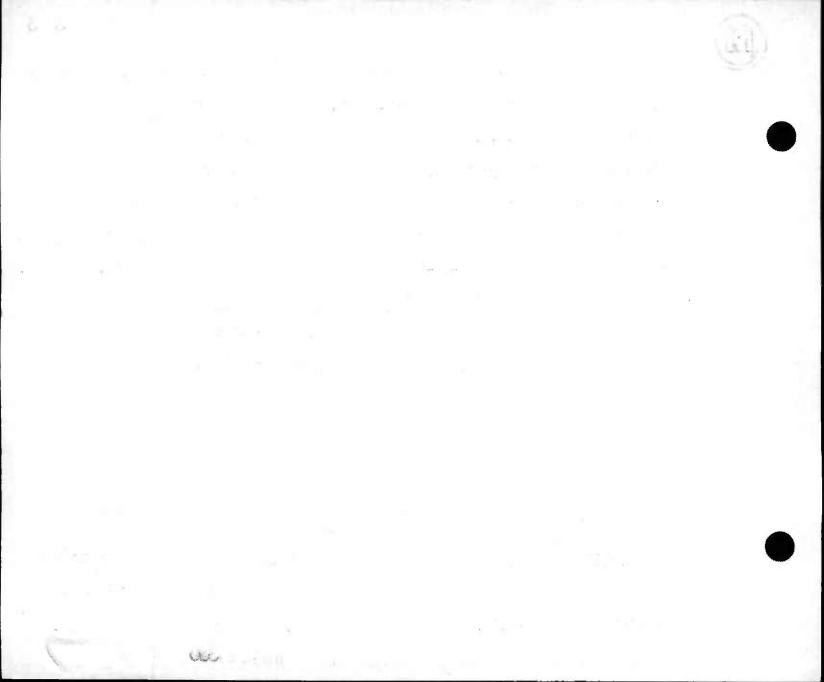
23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION COUNTY

24 FUNERAL DIRECTOR NAME

Baltimore 256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SI STATE

DHMH-16 20M (VRA 15, 4) 7/7B



emale  E. STATE OR FOREIGN  and  DWN OF DEATH  VILLE  ENCE   IF NURSING HO  and  NAME  IRST  ONY  EASED EVER IN U.S.	A RACE  White  Ib CITIZEN OF V  U.S.A.  II. NAME OF I  WE NOT IN SUC  Frani ME OF OTHER INSTITUTION, OUNTY	WHAT COUNTRY?  HOSPITAL, NURSING HEACHIN, GIVE STREET A   Klin Squa.  GIVE RESIDENCE BEFORE   13C. CITY OR TOWN  Baltimo.	S. DATE COMONTH NOV  8 MARRIE WIDOWE G HOME CG HOME CG HO ADMISSION)	15,1884  D NEVER MARRIED DOROTHER INSTITUTION	August 28  6. AGE (IN YEARS LAST BRIT 95  9 BALTIMORE CITY O Baltimor 12e USUAL OCCUPATI (IYME OF WORK FOR MOST O HOUSEWIFE	YRS PR COUNTY O	UNDER I YEAR INTHS DAYS  DF DEATH  TY  126 KIND O	2b. HOUR 8:40 # UNDER 24 HOURS M
E (STATE OR FOREIGN  and  DWN OF DEATH  VILLE  ENCE   IF HURSING HO  AND  NAME  IRST  ONLY  EASED EVER IN U.S.  IF YES	White  The CITIZEN OF N  U.S.A.  11. NAME OF HE FOR BOTHER INSTITUTION.  OUNTY  MODIE	WHAT COUNTRY?  HOSPITAL, NURSING HEACHIN, GIVE STREET A   Klin Squa.  GIVE RESIDENCE BEFORE   13C. CITY OR TOWN  Baltimo.	MARRIE WIDOWE G HOME C DDRESSI TO HO	15,1884  D NEVER MARRIED DEDE DIVORCED DO OTHER INSTITUTION  DSpital	95  • BALTIMORE CITY O  Baltimor  12a USUAL OCCUPATI (ITYPE OF WORK FOR MOSTO  HOUSEWIFE	PR COUNTY O	OF DEATH  Ty	HOURS
E (STATE OR FOREIGN  and  DWN OF DEATH  VILLE  ENCE   IF HURSING HO  AND  NAME  IRST  ONLY  EASED EVER IN U.S.  IF YES	Ib CITIZEN OF U.S.A.  II. NAME OF I W NOT IN SUC FRANT ME OF OTHER INSTITUTION, OUNTY	WHAT COUNTRY?  HOSPITAL, NURSING HEACHIN, GIVE STREET A   Klin Squa.  GIVE RESIDENCE BEFORE   13C. CITY OR TOWN  Baltimo.	MARRIEI WIDOWE G HOME C DDRESSI TE HO ADMISSION)	15,1884  D NEVER MARRIED DO DIVORCED DO OTHER INSTITUTION  DSpital	9 BALTIMORE CITY O Baltimor 17a USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOUSEWIFE	PR COUNTY OF COUNTY OF	DE DEATH	
and  VIILE ENCE IN HURSING HO and NAME INST ONU EASED EVER IN U.S IF YE	U.S.A.  11. NAME OF INTERPRETATION OUNTY  MEDDLE	HOSPITAL, NURSINA HFACHITY, GIVE STREET A Klin Squa. GIVE RESIDENCE BEFORE 13C. CITY OR TOWN Baltimo.	WIDOWE G HOME C DDRESSI TE HO ADMISSION)	ED DIVORCED DOROTHER INSTITUTION  OSpital	Baltimor  120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O HOUSEWIFE	e Count	ty	F BUSINESS
OWN OF DEATH  VIILE ENCE IF HURSING HO  AND  ISB: C  ONY  EASED EVER IN U.S  IF YE	11. NAME OF IN NOT IN SUC Frania of Other Institution, OUNTY	H FACILITY, GIVE STREET A Klin Squa: GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Baltimo	DDRESSI TE HO ADMISSION)	ospital	Housewife	ON IF WORKING LIFE!	12h. KIND O INDUSTRY	F BUSINES
ENCE IF HURSING HO  AND  NAME HEST  ONU  EASED EVER IN U.S. UNKNOWNI  I (FYE)	ME OR OTHER INSTITUTION, OUNTY  MIDDLE	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Baltimo	ADMISSION)					
ONY  EASED EVER IN U.S  UNKNOWN  (IF YES				YES NO	3021 Ches	terfiel	ld Ave	1
UNKNOWN] (IF YE		Scheel		15 MOTHER'S MAIDEN NAM	ME	Dieg	gelma'n	ī
CE OF BEATH	. ARMED FORCES? , GIVE WAR OR DATES)	166 SOCIAL SECUR	RITY NO.	Nrs Catherin	e Holt	ss Sar	me	
ions, if ony, which rise to immediate to immediate to immediate to the stating the stating cause los OTHER SIGNIFICATION	DUE TO, OF	R AS A CONSEQUE	NCE OF	not related to the term			V IN PART 10	
					YES   NOXEX	IN CERTIFY II	NG CAUSES	OF DEATH
DENT WAS UNDERLYING TRIBUTING CAUSE O R, NOTIFY MEDICAL EXAM	F DEATH HOUR A.	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	ED JENTER NATURE OF INJUR	RY IN ITEM 18, PART	T I OR PART 2]	
URY OCCURRED  NOT WHILE C	21R PLACE (	OF INJURY SEET, FACTORY, OFFICE, FA	RM, ETC.	211. LOCATION STREET	CITY OR TOV	νN	COUNTY	STAT
	ospital) attended the e on <u>August</u> energy view the body			AST 28 , 19 80 nd that in (my) (our) opinion o	to August			that ( <b>I</b> (we couses state
NATURE \	Safania				MEDICAL STAI	FF IAN	27c. DATE 8/2	8/80
				9000 Frankl	in Squre Dr	., 212	37	
				Redeemer	234 LOCATION CITY OR TOWN Baltimore	, Maryl	lana	STATE
S	Paul E	ial 9/2/8	Paul Befans  EMATION, REMOVAL   236. DATE   236. N  ial   8/2/80   Ho  RECTOR	Paul Befants  EMATION, REMOVAL 236. DATE 236. NAME OF C  ial 8/2/80 Holy R  RECTOR	PHYSICIAN   PHYSIC	PHYSICIAN DIRECTOR PHYSIC Paul Befans 228 ADDRESS 9000 Franklin Squre Dr  EMATION, REMOVAL 236, DATE 236, NAME OF CEMETERY OR CREMATORY CITY OR TOWN Bial 8/2/80 Holy Redeemer 256, DATE REC'D, BY REGISTRAR	PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRE	Paul Befans  22R ADDRESS 9000 Franklin Squre Dr., 21237  EMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OF CREMATORY CITY OF TOWN COUNTY  1 1 1 8/2/80 Holy Redeemer Baltimore, Maryland  RECTOR 125e. DATE REC'D. BY REGISTRARI2SD. REGISTRARY SIGNAL

STATE OF MARYLAND

SEP 2 1980 Personally

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## TENDING PHYSICIAN. The lo

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the ti should be detached for use as the burial-transit permit. Then please remove corbonapapers, Pages 1 and 2 should be filled with with the State Dept. of Health and Minital Psygiene prior to burial, cremation, ar removal.

injury, or other traumatic event, th

MPORTANT: If them 21 is marked or them 18 shows any

1	FOR			DEPARTA		'E OF MARYLAND IEALTH AND MENTAL HY(	GIENE 8 O	1	9 6	3 5		
1 05	- STATE REGISTRAR			MIDDLE		FICATE OF DEATH		. NO.				
	CEASED NAME OR PRINT)	Warre				LAST	Augus			2b. HOUR		
3. SE	x Male		4. RACE Whit	е	5. DATE (	of Birth 5 1922 EAR	6. AGE (IN YEARS LAST		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN		
7a. B	RTHPLACE (STATE OR FO	DREIGN	76. CITIZEN OF USA	WHAT COUNTRY?	MARRIE WIDOWI	ED DIVORCED	Balt:		of DEATH ounty	MD		
10 C	Essex 2122	1"	II. NAME OF	HOSPITAL, NURSIN	IG HOME (	OR OTHER INSTITUTION	120 USUAL OCCUP	ATION ST <b>GJ:@yrik</b> Life)	126. KIND O	rydock		
USU 13a	AL RESIDENCE (IF NURS Maryland	13B594	other institution	GIVE RESIDENCE BEFORE	221	134 INSIDE CITY LIMITS?	13e. SIREET ADDRES	yhound	Rd.			
14, FA	ather's name First <b>Huber</b>	t Kr	AIDDLE ause	LAST		15. MOTHER'S MAIDEN NA		er	LAS	ST		
16a. V	WAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECU 212 16 9		17 INFORMANT Bertha Krause		DRESS Sâme				
ATION	Conditions, if any, gave rise to imm cause (a), statin underlying cause  PART 2. OTHER SIGN	which mediate g the last.	DUE TO, OI  DUE TO, OI  DUE TO, OI  DUE TO, OI  ONDITIONS CO		NCE OF	NOT RELATED TO THE TERM		ONDITION GIVE	5 10			
CERTIFICATION		53			OFERATIO		YES NO YES NO NO					
MEDICAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	AUSE OF DEA	21b. TIME O HOUR A.	M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF II	JURY IN ITEM 18, PAR	RT 1 OR PART 2)			
WED	WHILE NOT WHAT WORK AT WOR	HILE		REET, FACTORY, OFFICE, FA		211. LOCATION STREET	CITY OR	TOWN	COUNTY	STATE ·		
	In I certify that (I) sow the decease above, (I) (I)	d alive on a	view the bady	e deceased fram		DEGREE D ATTENDING	death accurred an the	TAFF		that (I) (III) last causes stated		
	22d. PHYSICIAN'S NA	30	SUA	JSHINE	5	6210 P	KHS A	twe, B	net "	2-12-15		
	HRIA CHEMATION,	REMOVAL	238725/	80 <sup>2</sup> Ho	ME of F	EMETERY OF CREMAJORY HILL Memorial	Gardensown	Baltimo	Charach and Ch	Tracma .		
	užďzinski	Funer	al Home	PA 1407	Old H	Eastern Ave All	G 25 1980	AR 25b. REGISTRA	AR'S SIGNATI	URE		

DHMH - 16 50M 7/77 (VR A 15 (4))

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DHMH-16 25M (VRA 15, 4) 1/79

FOR 1 - STATE REGISTRAR		RTMENT OF H CERTIF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	o	9 6	3 6
1 DECEASED NAME FIRS			auter	20 DATE OF DEATH	8 19	198	26. HOUR
<sup>3 SEX</sup> Female	White	5 DATE C		& AGE (IN YEARS LAST BIR	YRS.		IF UNDER 24 HRS HOURS MIN
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76 CITIZEN OF WHAT COUNTR USA	MARRIEI	D NEVER MARRIED	Baltimore city o			M
Baltimore	11. NAME OF HOSPITAL, NUR IF NOT IN SUCH FACILITY, GIVE STR 7007, Bellone		OR OTHER INSTITUTION	120 USUAL OCCUPATO (TYPE OF WORK FOR MOST OF Homemaker	ON OF WORKING LIFE)		BUSINESS OF
USUAL RESIDENCE (IF NURSING HO	me on other institution, give residence being the county 13c. CITY OR TO Baltimore Woodb	OWN .	13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 700	7 Bello	na Ave	
14 FATHER'S NAME FIRST Nicholas	MIDDLE BODIC		15 MOTHER'S MAIDEN NAME FIRST Mary	MIDDLE		LAST Ferrac	i
160 WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) (IF YE	S. ARMED FORCES? 166 SOCIAL SE S. GIVE WAR OR DATES) 213 03		James M. K	rauter 515	Wyngate	Rd.	
PART 2 OTHER SIGNIFICATION  190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYIN	I 19b. CONDITION FOR WHI			200 AUTOPSY?	DITION GIVEN  201 IF YES, W IN CERTIFYIN YES	ERE FINDING	
210 ACCIDENT WAS UNDERLYIN	G 71b. TIME OF INJURY						
CO CONTRACTOR CAUSE	DE DEATH HOUR A.M. MONTH		21¢ HOW INJURY OCCURR	1		,	NO [
OR CONTRIBUTING CAUSE (  (IF EITHER, NOTIFY MEDICAL EXAM  214. INJURY OCCURRED	DEDEATH HOUR A.M. MONTH P.M.  21e PLACE OF INJURY	19	216 HOW INJURY OCCURR 216 LOCATION STREET	1	RY IN ITEM 18, PART T	,	
OR CONTRIBUTING CAUSE (  FEITHER, NOTEY MEDICAL EXAM 21d. INJURY OCCURRED  WHILE AT WORK AT WORK  220.1 certify that (1) (this sow the deceased of the contribution of	DEDEATH HOUR A.M. MONTH P.M.  21e PLACE OF INJURY IAT HOME, STREET, FACTORY, OFFIC  hospital) ottended the deceosed france on 15	19 CE, FARM, ETC.)	ZIF-LOCATION	CITY OR TO	ent, 19	OR PART 2)	STATE
OR CONTRIBUTING CAUSE (   FETHER, NOTEY MEDICAL EXAM 21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this sow the deceased olivobove, (1) (we) (did) (d)  22b. SIGNATURE	DEDEATH HOUR A.M. MONTH P.M.  21e PLACE OF INJURY IAT HOME, STREET, FACTORY, OFFIX thospital) ottended the deceosed france on is and in view the body after death.	19 CE, FARM, ETC)	21f LOCATION STREET  19 74  and that in (my) (our) opinion of the control of the	CITY OR TOV	WN (9 ate ond hour an	OR PART 2)	STATE  state (I) (we) las auses stated
OR CONTRIBUTING CAUSE (  FEITHER.NOTEY MEDICAL EXAM- 21d. INJURY OCCURRED  WHILE AT WORK 220.1 certify that (1) (this sow the deceased also obove. (1) (we) (did1) (do to obove. (1) (we) (did1) (do to obove.)	DEDEATH HOUR A.M. MONTH P.M.  21e PLACE OF INJURY IAT HOME, STREET, FACTORY, OFFIX to on Indination of the deceased from the control of the deceased from the d	19 CE, FARM, ETC)	21f-LOCATION STREET  19  19  10  10  10  10  10  10  10  10	CITY OR TON  CITY OR TON  TO Dres  Jeath occurred on the di  MEDICAL STA  DIRECTOR PHYSIC	WN (9 ate ond hour an	ORPART 2) COUNTY	STATE  st
OR CONTRIBUTING CAUSE (   FETHER, NOTEY MEDICAL EXAM 21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK NOT WHILE 220. I certify that (1) (this sow the deceased olivobove, (1) (we) (did) (d  22b. SIGNATURE  22d. PHYSICIAN'S NAME (	DEDEATH HOUR A.M. MONTH P.M.  21e PLACE OF INJURY IAT HOME, STREET, FACTORY, OFFIX thospital) oftended the deceosed france on 19 id not) view the body after death.  IYPE OR PRINT)  Li M.D.	19  CE. FARM, ETC)  m 12/10  9 80, or	21f-LOCATION STREET  21f-LOCATION STREET  1974  d that in (my) (our) opinion of physician physician physician physician can be compared to the physician phy	city on tow	ent 19_ ate and hour an	ORPART 2)  COUNTY  The distribution of the country	STATE  STATE  STATE  STATE  STATE  Md

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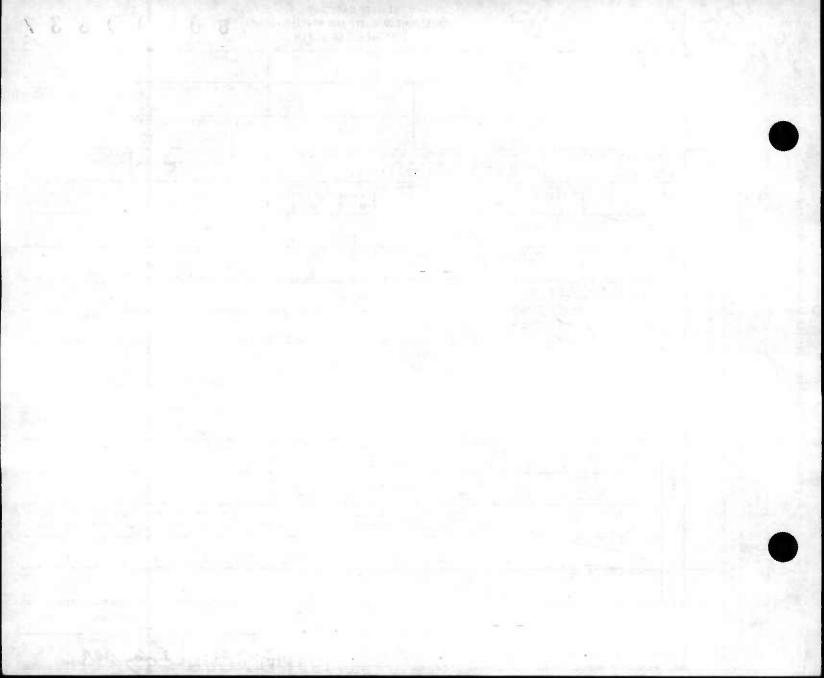
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	1-	FOR STATE REGISTRAR			DEP			EALTH AND A		IENE 8	O REG. NO	D.	1	9 6	5 3	1
		CEASED NAME FOR PRINTING Lau	RST	100	MIDDLE			ampkin		2a DATE OF	DEATH	MONTH 8	25	YEAR 80	6:50	
ai C	3. SE		4 R	ACE BLACK		T	DATE C	FBIRTH	YEAR 17	6 AGE (IN YE		·	IF UNE	DER I VEAR	IF UNDER	_
ar ouce	7a. Bi	RTHPLACE (STATE OR FOREK DUNTRY) IRGINIA			WHAT COUN			D NEVER M		Baltino		_		DEATH		
or of the noting		TOWSON	GÉ	NAME OF I	HOSPITAL, NI HEACILITY, GIVE 01 N.	URSING	HOME C	R OTHER INST	-	120 USUAL C (TYPE OF WORK BEAUT	FOR MOST O	F WORKING	LIFE] 12	L KIND C	F BUSINE	_
35	13a S	AL RESIDENCE (IF NURSING STATE 134 ARYLAND	HOME OR OTHE COUNTY	RINSTITUTION	GIVE RESIDENCE 130. CITY OR BALTIN	NWOT		13d. INSIDE CI	TY LIMITS?	130. STREET A	DDRESS		VE.			
00	J	THER'S NAME FIRST DHN	MIDDL		JACKSO	ON		SUSIE	MAIDEN NA/	WE	MIDDLE		MAY	BERRY		
1. The m		VAS DECEASED EVER IN YES, NO OR UNKNOWN)   1 IF NO	U.S. ARMED YES, GIVE WAR		215-2										MATE INTE	
ns any injury, or other traumatic event	ATION	underlying cause	cant con	DUE TO, OR AS A CONSEQUENCE OF CA OF Lung  DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI						INAL DISEASE				PART 10		D
2	CERTIFICATION	216 ACCIDENT WAS UNDERLY		21b. TIME O				N WAS PERFO	JURY OCCURE	YES 🗌	мо∤	IN CERT	IFYING	CAUSES		TH?
9	MEDICAL CI	OR CONTRIBUTING CAUS	SE OF DEATH	HOUR A.	M. MONTH M.	d DAY	YEAR 19			CED (ENTERNAL	THE OF INJUR	TY IN HEM IS	PARITO	OK PART 2)		
тагкед	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, O	OFFICE, FAR		211 LOCATIO STREET			CITY OR TOW	/N		YTHUC	51	TATE
em 21 is		220-1 certify that (1) (the saw the deceased a above, (1) (we) (did)	live on	. 8/2	25	19_8	8/ 0an	d that in (my)	., 19 <u>8(</u>	, 10	/ 25 I an the do	ote and ha	ur and	from the		_
T. I		226 SIGNATURE	1					F	TTENDING PHYSICIAN	MEDICAL DIRECTOR (	STAF			8/2	SIGNED 25/80	
MPORTANT: I		22d PHYSICIAN'S NAME Dr	. Poll	lacchi		1			N. Char			204_				
	(	SURIAL, CREMATION, REA BURIAL		8-28-8	30			EMETERY OR C	PK.	BALT	IMORE		of store	RYLAN		ATE
5M 1/79	EL EL	INERAL DIRECTOR	PHILL	IPS 1	721 ^90°E	ss MOI	VROE	ST.	AUG	FREC'D. BY RE			TRAR'S	SIGNAT	URE	



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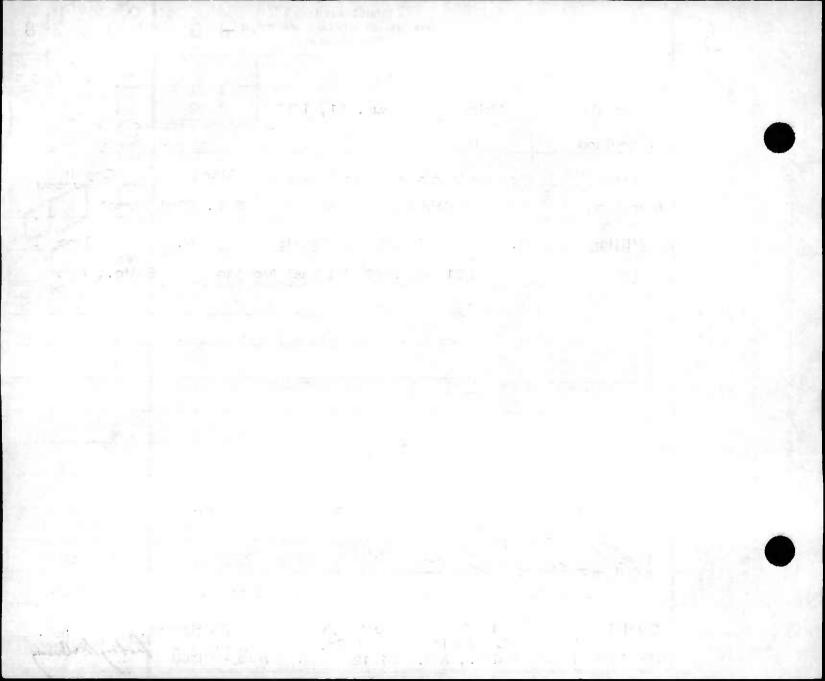
per

DIRECTOR:

(VR A 15 (4))

hospitol

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 4 FOR - STATE CERTIFICATE OF DEATH REGISTRAR FIRST MIDDLE LAST 20 DATE OF DEATH MONTH 2b HOUR DECEASED NAME LIYPE OF PRINTS ELSIE LARRIMORE 10 80 6:054 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX MONTH Aug. 31, 1897 82 White Female In BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Maryland WIDOWED DIVORCED Baltimore, County 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH EACILITY, GIVE STREET ADDRESS) Credit Greater Baltimore Medical Center Towson USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13.5 TREET ADDRESS STREET ADDRESS STREET 13a STATE 1136 COUNTY Baltimore 13d INSIDE CITY LIMITS? Maryland NO 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE William Blaney N. K. Larrimore Bessie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Balto., Md. 218 40 7003 No Michael Morgan the APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY Pelvic abscess IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Necrotizing cystitis and pyelonephritis gove rise to immediate injury, or other couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior ony 20b. IF YES, WERE FINDINGS USED 19 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? the buriol-tronsit peon YESX NO YES X NO [ 71a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION morked or (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY WHILE AT WORK NOT WHILE July 26 80 August 22a. I certify that (this haspital) attended the deceased from. 19 80 August 10 and that in (Ky) (our) opinion death occurred on the date and hour and from the causes stated sow the deceosed olive on obove, the (we) (did) (did) view the body ofter death MPORTANT: If Item DEGREE 22r DATE SIGNED ATTENDING MEDICAL STAFF 8-11-80 TO FUNERAL D should be deto-with the Stote D PHYSICIAN DIRECTOR PHYSICIAN 774 PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS 6701 N. Charles St. Towson, MD Ronald L. Sirota, M.D. 23c NAME OF CEMETERY OR CREMATORY 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION STATE (SPECIFY) CITY OR TOWN COLINE 8/14/80 Burial Mount Olivet Baltimore Md 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 25a. DATE REC'D. BY REGISTRAR 25b. RE DHMH - 16 50M 1/76 York Road Balto., Md.



DHMH-16 25M

(VRA 15, 4) 1/79

FOR

REGISTRAR

- STATE

-	1 DE	CEASED NAME	FIRST		MIDDLE	Į.	AST	20	DATE OF DEATH	MONTH	DAY YE	AR 2b.	HOUR
(Silu)	V	,	ARA			LEDE	RMAN		A	UG. 2	2. 198	0 9	20 A
200	3 SE	X	4	RACE		5. DATE C		-	GE (IN YEARS LAST B	RTHOAY)	MONTHS I	_	UNDER 24 HRS
rs aft		FEMALE		WHIT	CE.	MAY	1, 1923		57	YRS.	MONTHS	ATS INC	OKS MIN
hodin		RTHPLACE ISTATE OR FO	REIGN 7	L CITIZEN OF	WHAT COUNT	Y? 8	XX NEVER MARRIED	1.8	ALTIMORE CITY	OR COUNT	Y OF DEAT	Н	
72 n 72		POLAND	10	U.S.	Α.	WIDOWE			BALT	IMORE	COUNT	Y.	MD
ithii o	10 €	ITY OR TOWN OF DEA	TH 1		HOSPITAL, NUR		R OTHER INSTITUTION		USUAL OCCUPA				USINESS OR
\$ 300	E	ALTIMORE			HEASANT		R. (21209)		OUSEWIFE			HOM	ΙE
De fi	USU 13a	AL RESIDENCE (IF NURSI	NG HOME OR O		HISC CITY OR TO		13d INSIDE CITY LIMIT	TS? 113e	STREET ADDRESS	5			
35	M	ARYLAND	BALT	IMORE	BALTIMO		YES NO X		116 PHEA		CROSS	DR.	#21209
exa	14. F	ATHER'S NAME		IDDLE	LAST		15. MOTHER'S MAIDE	NNAME	WIDDIE			LAST	1
3)3	â	GERSHON			GOLD		SHAVIA		MIDDLE		LAN	NDSMA	N
ê ]		VAS DECEASED EVER		NED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT MR	. MAY	ER LEDER	MASN			
the state of		NO	THE TES, GIVE	WAR OR DATES	216-32	-6244	7116 PHEA	SANT	CROSS DR	. (212	209)		
vent	Permutation	IS CAUSE OF DEATH	Enter only	one couse pe					,			PROXIMATI	E INTERVAL
ic e	Н	PART I. DEATH W.	AS CAUSED	BY.	moto	2/1/	u adler	1.1	ha Alas	(	1	_	
or re		1529	IMMEDIATE		11000	12 000	a and	414	VICENTA	me (			
on, or trau	ш	1001		DUE TO, C	OR AS A CONSE	QUENCE OF					-		
her	_	Conditions, if ony,		(b)_									
or of		couse (a), stating		DUE TO, C	R AS A CONSE	DUENCE OF							
rral,		underlying coose	1031	( (c)_									
100	z	PART 2 OTHER SIGN	IFICANT CO	ONDITIONS C	ONTRIBUTING	O DEATH BUT	NOT RELATED TO THE	TERMINA	L DISEASE OR CO	NDITION G	IVEN IN PA	RT 1(a)	
any	토									T			
e pr	CERTIFICATION	19a DATE OF OPERAT	ION	195 COND	DITION FOR WH	CH OPERATIO	N WAS PERFORMED	1	200 AUTOPSY?		ES, WERE FI		
18 24	4 2								YES   NOXX		ES 🗌		10 🗆
em 18 s		218. ACCIDENT WAS UND		HOUR A	M MONTH	DAY YEAR	21c HOW INJURY OF	CCURRED	(ENTER NATURE OF IN	IURY IN ITEM 18.	PART I OR PAI	T 2)	
enta	13	(IF EITHER, NOTHY MEDICA			P.M.	19							
o pa	MEDICAL	214 INJURY OCCURR		21e PLACE	OF INJURY	CE EARM STC )	211 LOCATION		CITY OR T	OWN	COUNT	7	STATE
nark	2	WHILE NOT WH	KK 🗆	(A) NOME, SI	IREET, PACTORT, OFFI	CE, FARM, ETC.)	4 _	1	- 1-		04		317116
.5		220 I certify that (I)	this hospite	ol) ottended ti	he deceased fro	m	3 19_	Y	10		19_4	O, that	W (we) last
n 21		saw the decease		D.	19	00.00	d that in (py) (our) ap	inion deatl	h occurred on the	date and ho	ur and from	n the cou	ses stoted
ter		MI SEGNATURE	fd: (did not)	view the Body	y atter death.		DEGREE				220.0	ATESIG	MED
,		1 to m	M. d	Mail	1.10.10	01 1	ATTENDI	NG	EDICAL ST	AFF	Q	121	N
ANT:	-	THE PHYSICIAN'S NA	ME LIVE OR	PRINT	N unste	9-	22s ADDRESS	AN DI	RECTOR   PHYS	ICIAN []	0	L	111
MPORT,					WELD			RA	VEDERO	1 001	21	100	21217
ME -	-	4								170.	124	110	10
	230	BURIAL, CREMATION, I SPECIFY) BURIAL	REMOVAL	23b. DATE			EMETERY OR CREMAT	ORY 2	CITY OR TOWN		COUNTY		STATE
		DULTAL		8-3-8	OU I	FORBAN	11)		ROSEDALE	DATE	PTMORE		_

21215

6010 REISTERSTOWN RD., BALTO., MD

24 FUNERAL DIRECTOR SOL LEVINSON & BROSESS, INC.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

#21209

BALTIMODE

ROSEDALE

250 DATE REG'D. BY REGISTRAR 25b. REGISTRAR'S



TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, retained by the hospital or attending physician.

	1.	FOR - STATE REGISTRAR			DEPARTA	AENT OF H	E OF MARYLAND BEALTH AND MENTAL CATE OF DEATH	HYGIEN	E 8 0	10	9	6 4	
		CEASED NAME	FIRST 4RRL	1	MIDDLE	4	EDPE	26	DATE OF DEATH		AY YEAR	26. HOUR	
	3 SE		, ,	RACE Whi	te	Dec.	DF BIRTH 30, DAY 1902 YEAR		AGE TIN YEARS LAST ON		F UNDER I YEAR	HOURS MI	
5	7a. B Caf	RTHPLACE (STATE OR F.	oreign 7	b. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED		Baltimore city		OF DEATH		
3		andallstow		1. NAME OF	HOSPITAL, NURSIN	TPRESS HO	OR OTHER INSTITUTION	12a (TY	THE RECEIPED BATTON TO THE PROPERTY FIRE DE				
35	USU 13a	AL RESIDENCE (IF NURS	136 BOUNT		N, GIVE RESIDENCE BEFORE LL CUY OR TOW REISTETS	town	134. INSIDE CITY LIMITS	TS?   13e	300 Stonecastle Road				
30	14. F/	Elmer's NAME	72	DOTE	Leppo		15 MOTHER'S MAIDEN FIRST Agnes	NNAME	MIDDLE	Mille	Miller		
1		NAS DECEASED EVER YES, NO OR UNKNOWN) NO		ED FORCES?	215-32-5		Mrs. Carol	lyn M	. Leppo		tersto	wn, Md	
	CERTIFICATION	PART 2 OTHER SIGNIFICA  CAS TROUM TO		CANT CONDITIONS CONTRIBUTING TO E			DIE TO DEATH BUT NOT RELATED TO THE TERM  JOHN STATEMENT SEP			MINAL DISEASE OR CONDITION GIVE  THE CHILD			
9		216. ACCIDENT WAS UNION OR CONTRIBUTING	CAUSE OF DEAT	HOUR A			21c HOW INJURY OC		YES NO		ART I OR PART 2)	но 🗌	
	MEDICAL	(IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR WHILE NOT W AT WORK AT WO	RED HILE	21e PLACE	P.M. OF INJURY TREET, FACTORY, OFFICE, F.	19 ARM, ETC.)	711. LOCATION STREET		CITY OR TO	wN	COUNTY	STATE	
		226.] certify that (I) saw the deceas abave, (I) (we) (I 226. SIGNATURE	ed alive an_	0-1	19 3		nd that in (my) (aur) opin DEGREE ATTENDIN PHYSICIA	NG M	to	AFF		that (I) (we) e couses stated E SIGNED	
1			6 B.	CONA	ENAN, A		BCGH - A	RANG	DALLS 700		R. 2	1/33	
	23a	Burial, CREMATION, Burial	REMOVAL	23b. DATE Aug	. 14, 8 <sup>23, 1</sup>	Deer	Park Cemete	ery	Vestm	inster,	couMd.	STATE	
1	24 F	uneral director	al Hor	ne Rei	iste <b>rsto</b> wn	, Md.			C'D. BY REGISTRAF	25b. REGISTR	AR'S SIGNA	LURE	

Only the second of the second m. 30, 2002 .02 .03/.0 undillaters Halto, in Sec. Pouls. Subtres Relto. Storists Sque. it. inlies aference to the second of the concession of the . S contra .b. .motherine one layland . a Difference bli reconduce to the last the sea of the

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ath		Clara	E.		LEWIS	5	August 31	, 1980		9:35	a
and the same	3.5	Female	4 RACE Whit	e	S DATE O		6. AGE (IN YEARS LAST BIR 69	THDAY) IF U	INDER I YEAR	IF UNDER	MIN
Tehon of the state	70.	BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF	WHAT COUNTRY?		D NEVER MARRIED D	Baltimore City C	R COUNTY OF	DEATH		,
od within	2	CITY OR TOWN OF DEATH		HOSPITAL, NURSIN CHEACHTY, GIVE STREET A LIN SQUAR	G HOME C	OR OTHER INSTITUTION	17e USUAL OCCUPAT (TYPE OF WORK FOR MOST O Seamstress	F WORKING LIFE]	INDUSTRY Prin	F BUSIN	
and the state of t	130	UAL RESIDENCE (# NURSING HOME OF STATE Maryland Balti	OTHER INSTITUTION NTY LMOYE	GIVE RESIDENCE BEFORE TIMONIUM	ADMISSION) N	13d. INSIDE CITY LIMITS? YES NO 🔯	13e STREET ADDRESS 21 Bally	haunis	Court	210	93
of 2 of 3 (	14.	FATHER'S NAME FIRST Charles	Edward	Benne	tt	IS. MOTHER'S MAIDEN NA FIRST Laura	WE	X Hô	rsem	an	
Pages 1.	160	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVEN	MED FORCES? E WAR OR DATES)	215-30-4		Joseph S. Le	addr ewis, Same A			Ser I	
in signed by the attending ten please remove carbo to burial, cremation, or y injury, or other traum	Z	Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause lost	DUE TO, O	R AS A CONSEQUE	NCE OF Later	al Wall Myoca:			IN PART 1	01	
ate has been permit. The giene prior 8 shows an	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NOK	206. IF YES, WIN CERTIFYIN	G CAUSES		TH?
is certifical altransit ental Hyg		OR COLUMNIC COLUMN	NI II	DE INJURY .M. MONTH DA .M.	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	ORPART 2)		
After th s the bur th and M marked	MEDICAL	AT WORK	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR TO	WN	COUNTY	s	TATE
ERAL DIRECTOR: e detached for use as State Dept, of Heali ANT: If Item 21 is:		The I certify that A (this hospital) attended the deceased from August 25 19 80 to August 31 19 80 and that in (Ay) (our) apinion death accurred on the deceased allowed the body after death.  DEGREE  ATTENDING MEDICAL STA PHYSICIAN DIRECTOR PHYSIC									
retained by the TO FUNERAL should be deta with the State IMPORTANT		S. Westrick				9000 Frank	lin Square	Drive 2	21237		
3P	230	BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE 9-3-8	RO LOI	adon.	EMETERY OR CREMATORY Park Cemetery	Baltimo:	re, Mary	Tand	51	ATE

MIDDLE

2b. HOUR

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Princeconsort

IF UNDER 24 HRS

REG. NO.

TE DATE OF DEATH MONTH

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**CERTIFICATE OF DEATH** 

LAST

COUNTY STATE , that (X (we) last

D BY REGISTRAR 256. REGJET

DHMH-16 25M (VRA 15, 4) 1/79 FOR

- STATE

(TYPE OR PRINT)

REGISTRAR

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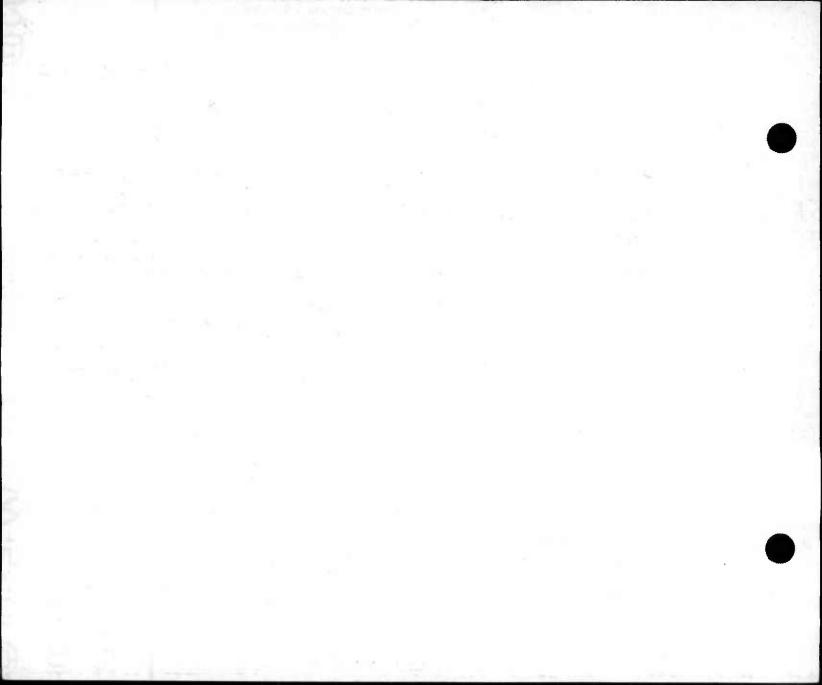
Witzke Funeral Home of Catonsville, P.A. 21228

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 2b HOUR IF UNDER I YEAR IF UNDER 24 HRS AONTHS DAYS HOURS **BALTIMORE CITY OR COUNTY OF DEATH** 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY U.S. FXG. 1045 CRAFTSWOODS. WEISENBORN ADDRESS 315 Ingleside BALto. Md. 21220 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? CITY OR TOWN COUNTY STATE 17L DATE SIGNED STAFF Baltimore ser Maryland 24 FUNERAL DIRECTOR 630 Edmondson Avenue, Catonsville, MBSo. DATE REC'D. BY REGISTRAR 256. REGIS

DHMH-16 20M (VRA 15, 4) 7/78



	1-	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.					
)	(TYPE	CEASED NAME FIRST HENRY		LINGENFELDER	8 (	DAY YEAR 26. HOUR  0 80 4:12 Am  IF UNDER 1 YEAR IF UNDER 24 HRS				
	3 SE	hale	Caucasian	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)  70  YRS	MONTHS DAYS HOURS MIN				
of once.	70. BI	RTHPLACE ISTATE OR FOREIGN DUNTRY allimore, Md.	Th CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY	OF DEATH  MD.				
S/ Affed	10 0	Ser TOWN OF DEATH	UF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ET ADDRESS)	THE OF WORK FOR MOST DE WORKING (	12b. KIND OF BUSINESS OR INDUSTRY				
State of the state	130.	AL RESIDENCE (IF NURSING HOME OR MATE 13b COUN	TOWSON	WN 13d. INSIDE CITY LIMITS?	13e STREET ADORESS	rur Rd.				
ol exdminer		THER'S NAME  Archbald Sterli	ng Lingenfelder	Mary E. Gi	MIDDLE	LAST				
Poges	0	VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVE	WED FORCES? 166 SOCIAL SEC WAR OR DATES) 150-0		ADDRESS Lingenfelder-10	2 Greenbrier Rd.				
c event, the		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSEI IMMEDIAT	BY.	Myocardial	Sufarction	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
ose remove corb I, cremotion, or r other troumotic		Conditions, if ony, which gave rise to immediate cause 101, stating the	DUE TO, OR AS A CONSEO							
to bund, or official response	N	underlying couse lost PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	/EN IN PART 1(0)				
ows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S NO				
Mentol Hygie Mentol Hygie or Item 18 sho	ICAL CER	21a. ACCIDENT WAS UNDERLYING.  OR CONTRIBUTING CAUSE OF DEA.  (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, F	PART I OR PART 2)				
	MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	e, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE				
for use os the of Heolth ond 21 is morked		220.1 certify that (1) (this hospit sow the deceased of a on obove, (1) (we (idid) (this not	ol) attended the deceased from	ond that in (my) our) opinion	deoth occurred on the date and hou	that (I) we) last ar and from the causes stated				
RAL DIREC detoched tote Dept. VT. If Item		275 SIGNATURE	redseller	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	S ID SO				
should be dete with the Stote IMPORTANT: I		GOLPSCI	ter	Good S	amarita H	ospilal				
- 0 > 2	· ·	BURIAL, CREMATION, REMOVAL SPECIBLIFICATION		Dulaney Valley Mem	Balto Co.	COUNTY ATAIR				
50M 1/76 5 (4) )	24. FI	it the ll-Wiedefe	1d Home-6500 Yo	ork Rd. 21212	ie rec'd. by registrar 255, regist 5 1980	mound				

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1		1.	FOR STATE REGISTRAR		DEPARTA	MENT OF	E OF MARYLANI BEALTH AND ME FICATE OF DEA	NTAL HYG		. NO.	9	6	4	4
	(職)		CEASED NAME FIRST	SYLVE	STER	Li	NTON		8 10 8	O O	DAY	YEAR	26. HOL	DR DPN
	and the Amount of the Amount o	3. SE	MALE	4 RACE	HITE	5. DATE		YEAR 20	6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDE	R I YEAR DAYS	IF UNDER	R 24 HRS
	leoth the in 72 has at once.	C	RTHPLACE (STATE OR FOREIGN OUNTRY)		S. A.	MARRIE WIDOW	NEVER MAI		BALTIMORE CITY OR COUNTY OF DEATH  COUNTY.					MD
10	rs after of the fulled with filled with		eistertown	(IF NOT IN S	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Thomas Wilson Center (Mt. Wilson)				12a USUAL OCCUP (TYPE OF WORK FOR MO: Sander		LIFE) INC	USTRY	ical	
AND 212	filled in ould be	13a. S	STATE NO. CO	derick	100 110 110 110 110 110 110 110 110 110			LIMITS?	13e STREET ADDRES		le Rd	Fre	Md.	
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IMORE,	n ond co Poges 1		No	GIVE WAR OR DATES	920-16-33(	9-A	17. INFORMANT		ADI	Freder ntaind	ick,	Mar Rd.	ylar	nd
T., BALT	physicio npopers: moval		18 CAUSE OF DEATH (Enter PART ), DEATH WAS CA	r only ane cause p USED BY DIATE CAUSE (0)_	er line for lat 151. gg	1R/	+TOR4		ALLUX				MATE INTE	RVAL
PRESTON S	deoth cer intending we corbo ion, or re sumatic e		496 - Conditions, if ony, which		or as a conseque	NCE OF	EVER	E	COPI	) .				
*	by the cose remoist. cremoist		gove rise to immediate cause (0), stating the underlying couse last		or as a conseque	NCE OF				10/1				
CORDS, 20	requires to signed and to burie	NOI	PART 2 OTHER SIGNIFICAN	NT CONDITIONS	CONTRIBUTING TO E	DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR CO	ONDITION G	IVEN IN	PART 1(c	)	
Ö	w prid	4	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?	20b. IF Y	ES, WERE	FINDIN	IGS USE	D

NGIVEN IN PART 1(0) IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? NO 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE

220.1 certify that (1) (this hospital) attended the deceased from AUC and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE

ATTENDING

MEDICAL

		THISICIAN DIRECTOR DITTISICIAN
d. PHYSICIAN'S NAME (THE OF PRINT)	*	22e. ADDRESS
CHLKER- IMPA	GUI ATEL	41 11- WILSON CENTE

23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 1980 Brookhill Cemetery August 14.

BWITH Fadeley, Keeney & Basford Funeral Home

Yellow Springs"Frederick" Md.

106 East Church Street, Frederick, Maryland

STAFF

BP

the hospital

DHMH - 16 50M 7/77 (VRA 15 (4))

should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygiene FUNERAL DIRECTOR: After this certificate has

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MPORTANT: If Item 21 is

PHYSICIAN: The offending physicion CERTIFIC

MEDICAL

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STATE OF MARYLAND

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STATE OF MARYLAND			1		
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0	9	6	4	

1 -	FOR STATE REGISTRAR		DEPARTM	LENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	0 0	EG. NO.	9	6	4	7
	TELLORD LANGETT	ohn	E.		Ludwig, Jr.	· Augu	st 8, 1	980	YEAR	2b HO	UR
.SE)	Male	4 RACE Wh	ite	Nove	mben 13, 1919	6 AGE (IN YEARS L	AST BIRTHDAY)	MONTHS	DAYS	IF UNDE	ER 24 HRS
	RTHPLACE (STATE OR FOREM DUNTRY)  Manylar	nd US	WHAT COUNTRY?	WIDOWE		9 BALTIMORE C	timore (				M
Baltimone 11. NAME OF HOSPITAL, N  (IF NOT IN SILEN FACILITY, GIVE  4456 Feron				DDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  No d Maren are Lowrey.					
3a 9	RESIDENCE (IF NURSING	Baltimore	Battimo	V 1	13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDI	RESS ENUR ROC	ad	212	27	7
4 FA	THER'S NAME	MIDDLE E.	Lidwig	2, In	15. MOTHER'S MAIDEN NAM	WE	DDLE		ispe	'n	
	AS DECEASED EVER IN (IF	U.S. ARMED FORCES? FYES, GIVE WARRES	220-01-60		Mrs. Frances	E. Ludiu	ig 4456	Fend	d. Re	2122 pad	27
	18 CAUSE OF DEATH IS PART I. DEATH WAS	Enter only one couse pe CAUSED BY MEDIATE CAUSE (a)	fine for ya), (b), and	ii.	Laclein				APPROXI BETWEEN C	MATE INT	ERVE TH
	Conditions, if ony, w gove rise to immed couse (a), stating	hich biote the DUETO.C	R AS A CONSEQUE	en	from Lu	3 Ca	,		10	72	\$
ATION					NOT RELATED TO THE TERM	INAL DISEASE OR	? 20b. IF Y	ES, WER	E FINDIN	IGS USI	
2							IN CERT	IFYING !	CAUSES	OF DEA	ATH?

210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M

21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

NOF

21f LOCATION

CITY OR TOWN COUNTY

YES T

22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on above, (1) (we) (did) (did not) view the body ofter death. and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNE

PHYSICIAN

ATTENDING

STAFF

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burias

7a. BIRTHPLACE

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Pages

physicia

CERTIFICATION

MEDICAL

Item 18

5

MPORTANT should be

21d INJURY OCCURRED

NOT WHILE

WHILE

AT WORK

234 LOCATION Baltimone

STATE

Mc (ully Funeral Mome of Patapsco Avenue "Balto., 250. DATE REC'D. BY REGISTRAR 25b. REDISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

(VR A 15 (4))

DHMH - 16 60M 1/75

DIRECTOR

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STATE OF MARYLAND

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STATE OF MARYLAND

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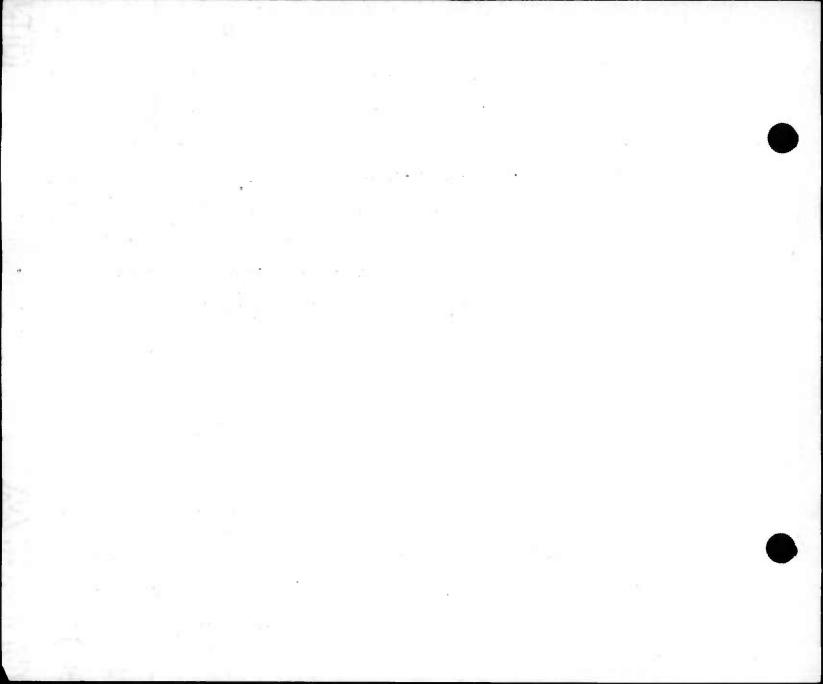
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U	HOSPITAL OF ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer dea sined by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeigible before the foruse as the buriol-transit permit. Then please remove corban papers. Pages I and 2 should be filled within 7 thin State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal.	ORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or other troumotic event, the medical examiner must be southed the
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DIVISION OF VITAL RECORDS, 201 W. FRESTON ST., BALTIMORE, MARYLAND 21201	Poor	d be	st be
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DHMH-16 20M (VRA 15, 4) 7/7B

STATE OF MARYLAND

	1 -	FOR STATE REGISTRAR			DEPART		IEALTH AND MENTAL HYG	IENE 8	O REG. NO	1	9	6	5	0
ı		EASED NAME	FIRST		MIDDLE	l	AST	20 DATE OF	DEATH M	ONTH	DAY	YE AR	2b. HOU	JR
ı			MARTIN		J OHN	MA	KI	AUG	UST 5	, 198	30		3:4	5 ам
	3 SEX		4	RACE		S. DATE C		6 AGE (IN YEA	RS LAST BIRTH		IF UNDER	DAYS	# UNOEF	24 HRS
		MALE		rihM	E	3/	14/1917	63	yrs.	YRS	MONINS	DATS	HOURS	WIN
		RTHPLACE (STATE OR FOI	REIGN 71	CITIZEN OF	WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMOR	E CITY OF	COUNTY	OF DE	ATH		
71		MIĆHIGAN		U.S.	Α.	WIDOWE		BALT	IMORE	COU	YTK			MD.
2	10 CI	TY OR TOWN OF DEAT	TH 1		HOSPITAL, NURS		OR OTHER INSTITUTION	12a USUAL O				KIND O USTRY	F BUSIN	ESS OR
		TOWSON	V		JOSEPH		AL		ECTOR				MFC	R.
5	130 S	AL RESIDENCE (# NURSK TATE ARYLAND	NG HOME OR O		GIVE RESIDENCE BEFO 136 CITY OR TO BALTIMO	WN	134 INSIDE CITY LIMITS? YES 🛣 NO 🗌	13. STREET AI 3721	DDRESS RAVE	NWOOD	AV	æ.	2121	.3
1	14. FA	THER'S NAME	MI	DDLE	EAST		15. MOTHER'S MAIDEN NAM	ME	MIDDLE			LAS	7	
C	J	ALMER			MAKI		HANNA				UNI	KNOW		
		AS DECEASED EVER I	N U.S, ARM		166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRES	S				
		ES	WW I		214.12.9	897	WILLIAMINA M.	MAKI-	SAM	E AS	13e			
1		IS CAUSE OF DEATH	(Enter only	one couse per	line for (01, 161, 0	ind (c).)					61	APPROXI	MATE INTE	PEATH
ı	_	PART I. DEATH WA	AS CAUSED IMMEDIATE	CAUSE (o) C	arcinoma	of th	ie pancreas wi	th meta	stasi	s				
	- 1	1579			R AS A CONSEQU									
1	- 1	Conditions, if ony,		( (b)_							$\perp$			
ı		gove rise to immi		DUE TO, O	R AS A CONSEQU	JENCE OF								
ı		underlying couse	lost.	(c)										
	NO	PART 2 OTHER SIGN	ART 2 OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I									ART 16	o '	
1	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOF	SAS	20b. IF YES				
	E							YES 🗌	MON		s 🔲	AUSES	NO [	_
9	G	210. ACCIDENT WAS UNDE		21b. TIME C		DAY YEAR	21c HOW INJURY OCCURR	RED (ENTERNATI	IRE OF INJURY	IN ITEM 18, P	ART I OR F	PART 2)		
	CAL	OR CONTRIBUTING C		'	M	19								
	MEDICAL	21d INJURY OCCURR		21e PLACE	OF INJURY REET, FACTORY, OFFICE	FARM FIC.)	211 LOCATION STREET		CITY OR TOWN	4	COUP	NTY	5	ATE
	2	WHILE NOT WHI	ILE 🗌			,								
		22s.1 certify that X				00	18 , 19 80		ust	,			that X	,
		sow the deceosed obove, X(we) (di	d alive on _	Augus		80 01	nd that in (🔌) (our) opinion o	deoth occurred	on the dot	e ond hou	r ond fr	om the	couses st	pted
		22b. SIGNATURE	NKI	2000	A A		DEGREE				220	DATE	SIGNED	,
			8010	600	and	M.,	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICI		18	7/5	18	U
		224. PHYSICIAN'S NA	ME (TYPE OR P				22. ADDRESS 7620	York Ro	ad, 1	owso	n, M	1D 2	1204	
		A 64/0	NC	H. E.	SCACE	111/5	Clo 54.	JOSC,	MA	100	3/101	1710	7	
	230 B	URIAL, CREMATION, R	REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCAT	ION		COUNTY		51	ATE
	ĽĊ.	REMATION		8/6/1	.980	GREEN N	MOUNT CREMATOR	RY BAI	LTIMO			MAR		
1	24. FU	NERAL DIRECTOR			ADDRESS			E REC'D. BY RE		Sb. REDIST	Pass.	JEN AR	OR STATE	7
	WA.	LTER BROOK	S BRAI	DLEY, I	NC., BAI	TO., I	MD. 21222	IIG 8	1980		/		/	



age 4 may be

The law requires that the death certificate be executed within 24 hours

ATTENDING PHYSICIAN: ital or attending physician.

	FOR		DEDAR		E OF MARYLAND	THE O O		0 4	Total Control
1-	STATE REGISTRAR		DEPAKI		IEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	0.	4 0	, 5
	CEASED NAME	FIRST	WIDDLE		LAST		MONTH DA	Y YEAR	2b. HOUR
(IYPE		IDA .	М.	MANG	OLD		08 10	0 80	3:55
3 SE	Х	4 RACE		5 DATE C	OF BIRTH YEAR	6 AGE (IN YEARS LAST BIRT		FUNDER 1 YEAR	IF UNDER 2
-57	FEMALE	WH	ITE		- 10 - 1894	85	YRS.	MINS DATS	HOURS
	IRTHPLACE ISTATE OR FO	REIGN 76 CITIZEN	OF WHAT COUNTRY	? I MAPPIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	OF DEATH	7.3
	MARYLAND	U.	S.A.	WIDOW	_	BALTIMOR	E COUNT	ΓY	
10 CI	BALT TMORE	TH 11. NAME C	OF HOSPITAL, NURS SUCH FACILITY, GIVE STREE SUMMIT NU	ET ADDRESS)	HOME	128 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF HOUSEWIF)	FWORKING LIFE)	12b. KIND C INDUSTRY	OF BUSINES
USU	AL RESIDENCE (# NURSI	NG HOME OR OTHER INSTITUT	ION, GIVE RESIDENCE BEFO	ORE ADMISSION		13e STREET ADDRESS		<del></del>	
	ARYLAND	BALTIMORE	ARBUTU	_	134 INSIDE CITY LIMITS?	5530 CARV	ILLE A	VENUE.	2122
-	ATHER'S NAME				15. MOTHER'S MAIDEN NA	ME			
	CONRAD	WIDDIE	RAUSC	Н	ELISE	WIDDLE		LEI	MBICH
Ida V	WAS DECEASED EVER	N U.S. ARMED FORCES	S? 166 SOCIAL SEC		17 INFORMANT	ADDRE	55		
	NO	(# TES, GIVE WAR OR DATES)	219-54	-4148	MIRIAM M. RO	IGER 336 OAI	KLEE V	ILLAGE	. 212
		(Enter only one couse							MATE INTERS
	PART I. DEATH W.	AS CAUSEĎ BY. IMMEDIATE CAUSE (0).	Canal	ral	are and	. dan	ral.	24	
TION	Par	kinson	ism	1	NOT RELATED TO THE TERM				
CERTIFICATION	19a. DATE OF OPERAT	196 CO	NDITION FOR WHIC	H OPERATIO	IN WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
LERT	210. ACCIDENT WAS UND		E OF INJURY		21c HOW INJURY OCCUR				
	OR CONTRIBUTING C	MOSE OF DEATH	A.M. MONTH I	DAY YEAR					
MEDICAL	21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ED 21e PLA	CE OF INJURY		211 LOCATION STREET	CITY OR TOW	M	COUNTY	STA
	220 I certify that (I) sow the decease	(this hospital) ottended	10 19	00	nd that in (my) (out) opinion	, 10	ote and hour		that (I) (w
	22b SIGNATURE	id) ( <del>chd not) view the bo</del>	Lowe	2	DEGREE ATTENDING	MEDICAL STAF	if I	22c DATE	SIGNED
	224. PHYSICIAN'S NA	- 0	WE		220 ADDRESS	+ Nurse		forma	
23a E	BURIAL, CREMATION, I				CEMETERY OR CREMATORY	234 LOCATION CITY OF TOWN	The second second	OUNTY	STATE A
24 FI	BURIAL UNERAL DIRECTOR	1 08-1	3-80	TOOT	ON PARK	BALT IMOR		AR'S SIGNAT	ARYLA
	NAME	Contractions	ADDRESS	9.20	21229	UG 14 1980	prof	Try/KB	tread
H	UBBARD FUNI	ERAL HOME.	INC. 4107	WILKE	ENS AVE.   A	00 T = 1200	A STATE OF THE STATE OF		

DHMH-16 25M (VRA 15, 4) 1/79

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 n with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Tyle Strange Negroenen sanders

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		REGISTRAR	REG. 140.									
2		EASED NAME OR PRINT)	VERNO		R.	MAN	N		8 25	MONTH D	AY YEAR	26. HOUR 5 30/
nce.	3 SEX	MAle	4 F	Wh	ite	5 DATE O	F BIRTH DAY	YEAR 93	AGE (IN YEARS LAS	BIRTHDAY)	FUNDER I YEAR	IF UNDERF24 HE HOURS MIR
fled at o	CC	THPLACE ISTATE ORF	OREIGN 7h	U.S.	WHAT COUNTRY?	MARRIED WIDOWEI	NEVER M		Baltimore cit			
of the not		17 OR TOWN OF DEA	ATH 11.		HOSPITAL, NURSIN H FACILITY, GIVE STREET	ADDRESS)		DMC	Onief (	ATION STOF WORKING LIFE	12h KIND C	F BUSINESS O
W 1	13a S	residence (# NUR tate ryland	Balti		GIVE RESIDENCE BEFORE 134. CITY OR TOWN Baltimo	N I	134 INSIDE CI	NO 🗆	13. STREET ADDRE	ss irnwood	Road	
300	14 FA	Benjam:	in MIDO	DLE	Mann	2	15. MOTHER'S	MAIDEN NAM	AE MIDDI	E	Woo	ds
the med		AS DECEASED EVER ES, NO OR UNKNOWN) O	IN U.S. ARMED		705-05-		Irene		ann Bali	timore,	Md.2	1239
njury, or oth		gave rise to im- cause (a), statis underlying cause	ng the	DUE TO, OI	R AS A CONSEQUE	NCE OF						
E		0.407.0.071150.5161	NEIC LLIZ COL	ID IT ION IO CO	201701011111111111111111111111111111111	S A TIL OLIF	VOT BELLITE	TA THE YEAR	0.55465 0.56	ONID IT ION CIVE	AL MICHEL I	
ows any ir	CATION	PART 2 OTHER SIGN	Con	ha	ONTRIBUTING TO D	of	all	ex	NAL DISEASE OR C	/ ZOb. IF YES.	WERE FINDIR	NGS USED
n 18 shows any in	CERTIFICATION	198 DATE OF OPERA	TION DERLYING	196 CONDI	ITION FOR WHICH	OPERATION	N WAS PERFO	RMED	Trem	20b. IF YES, IN CERTIFY YES	WERE FIND IF	NGS USED
d or Item 18 shows any in		190 DATE OF OPERA  210, ACCIDENT WAS UN OR CONTRIBUTING [	TION  DERLYING  CAUSE OF DEATH CAL EXAMINER)	196 CONDI 216 TIME O HOUR A.	ETWO ITION FOR WHICH OF INJURY M. MONTH DA M.	OPERATION	WAS PERFOI	RMED URY OCCURR	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FIND IF	OF DEATH?
s marked or Item 18 shows any in	MEDICAL CERTIFICATION	210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR AT WORK  AT WORK	TION  DERLYING  CAUSE OF DEATH CAL EXAMINER)  RED  MILE  DRK	196 CONDI 216 TIME O HOUR A. P. 216 PLACE ( (AT HOME, STR	ITION FOR WHICH  OF INJURY  M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE, F	OPERATION AY YEAR 19	N WAS PERFO	RMED URY OCCURR	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FIND III ING CAUSES INT I OR PART 2) COUNTY	NGS USED OF DEATH? NO.
f Item 21 is marked or Item 18 shows any in		210. ACCIDENT WAS UN OR CONTRIBUTING [ (IF EITHER, NOTHY MEDIC 21d. INJURY OCCUR	TION  DERLYING CAUSE OF DEATH ALL EXAMINER)  RED  HILL  I (this hospital)  ed alive on education	196 CONDI 216 TIME O HOUR A P 216 PLACE ( (AT HOME, STR	ITION FOR WHICH  OF INJURY  M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE, F	OPPRATION AY YEAR 19 ARM, ETC.)	N WAS PERFOI	RMED IURY OCCURR	200 AUTOPSY YES NO CITY OF	20b. IF YES, IN CERTIFY YES NOURY IN ITEM 10, PA	WERE FIND IN FING CAUSES	NGS USED OF DEATH? NO
TANT: If Item 21 is marked or Item 18 shows any in		21g. ACCIDENT WAS UN OR CONTRIBUTING  (If EITHER, NOTHY MEDIC 21d. INJURY OCCUR WHILE NOT WAT WORK 22g.   certify the decase shows	TION  DERLYING CAUSE OF DEATH ALL EXAMINER)  RED  HILE  I (this hospital)  ed olive on  did I (did not) vi	19b. CONDI 21b. TIME O HOUR A P 21b PLACE (AT HOME, STR offended I	ITION FOR WHICH  OF INJURY  M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE, F	OPPRATION AY YEAR 19 ARM, ETC.)	N WAS PERFOI 21c HOW IN. 21f LOCATIO STREET  B that in Limit	IURY OCCURR  N  19  10  11  19  17  18  18  18  19  18  18  19  18  18  18	200 AUTOPSY YES NO CITY SO	20b. IF YES, IN CERTIFY YES NOURY IN ITEM 18, PA	WERE FIND IN CAUSES  IT I OR PART 2)  COUNTY  and from the	NGS USED OF DEATH? NO
IMPORTANT: If Item 21 is marked or Item 18 shows any in	MEDICAL	21g. ACCIDENT WAS UN OR CONTRIBUTING [ ] (IF EITHER, NOTHY MEDIC 21d. INJURY OCCUR WHILE NOT WAT WORK AT WORK AT WORK 22g. I certify that (II) sow the decase 379. SIGNATURE	TION  DERLYING  CAUSE OF DEATH ALL EXAMINER)  RED  HILE  (this hospitol)  did   did not ve	196 CONDI 216. TIME O HOUR A 216 PLACE (AT HOME, STR ottended to	ITION FOR WHICH  IF INJURY M. MONTH DA M.  OF INJURY REET, FACTORY, OFFICE, F  after death	OPERATION AY YEAR 19 ARM, ETC)	216 HOW IN. 216 LOCATION STREET  216 HOW IN. 217 LOCATION STREET  218 ADDRESS	RMED  IURY OCCURR  N  19  19  TENDING HYSICIAN	200 AUTOPSY YES NO CITY SO	20b. IF YES, IN CERTIFY YES NOURY IN ITEM 18, PA	WERE FIND IN CAUSES  IT I OR PART 2)  COUNTY  and from the	STATE  that (I) (we) licated standard s
	WEDICAL MEDICAL	210. ACCIDENT WAS UN OR CONTRIBUTING (FETHER, NOTHY MEDIC 21d. INJURY OCCUR WHIE NOT WAT WORK AT WORK 220.1 certify that (I) sow the decease above, (I) (WELL) 27h. SIGNATURE	TION  DERLYING  CAUSE OF DEATH ALL EXAMINER)  RED  MILE   (this hospital)  AME   REMOVAL   REMOVAL   REMOVAL   A	196 CONDI 216. TIME O HOUR A 216. PLACE ( (AT HOME, STR  attended to	ITION FOR WHICH  IF INJURY M. MONTH DA M.  OF INJURY REET, FACTORY, OFFICE, F  after death	OPERATION  AY YEAR  19  ARM, ETC.)	211 LOCATIO STREET  214 LOCATIO STREET  215 LOCATIO STREET  216 LOCATIO STREET  217 LOCATIO STREET  218 LO	RMED  IURY OCCURR  N  19  19  TENDING HYSICIAN  REMATORY	200 AUTOPSY YES NO ED (ENTER NATURE OF  CITY OF	20b. IF YES, IN CERTIFY YES NULLY IN ITEM 18, PA	COUNTY  OR PART 2)  COUNTY  Ond from the  COUNTY  OWDER  COUNTY  Md.	STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF THE STATE 4 -- 8 8 9 1 he was the contract of the said

5	1.	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0 1 9 6 5 3			
oth oth		CEASED NAME FIRST OR PRINT) Helen	XX.Norris	Marino	August 17, 1980 8 a			
moy crock pag	3. SE	x Female	4 RACE Caucasian	Feb. 25, 1905	6 AGE (IN YEARS LAST BIRTHDAY)  1 FUNDER 1 YEAR 1 FUNDER 24 HRS  MONTHS DAYS HOURS MIN.			
hearth Port		RTHPLACE (STATE OR FOREIGN OUNTRY)  Maryland	7b. CITIZEN OF WHAT COUNTRY?  USA		9 BALTIMORE CITY OR COUNTY OF DEATH			
s after of by the fulled with		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN Saint Joseph	NG HOME OR OTHER INSTITUTION  OSPITAL				
24 hour illed in sould be	130.	STATE 136 COUN	other institution Give residence before ty or town timore Luthers	ville YES NO X	130 STREET ADDRESS 1307 McPherson Ct. 21093			
d 2		Unknow	n to Records		nknown to Records			
rificate be executed physician and compopers. Pages 1 or emovol. event, the medical exception of	16a. \	NAS DECEASED EVER IN U.S. AR yes, no or unknown) (if yes, giv NO N	WAR OR DATES)	-1765 Mr. James	G. Beach III Same as # 1			
n. no sequires that the death certificate n. no. to been signed by the attending physici permit. Then please remove carbanpapes ne prior to buriol, cremotion, or removal. ws ony injury, or other traumatic event, the	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT (		DEATH BUT NOT RELATED TO THE TER	Place Plantes  Reduction Surface  MINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  200 AUTOPSY?  206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
HYSICIAN: The right of the righ		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	LUCUID A MA MONITUE D	AY YEAR 19 21f. LOCATION STREET	YES NO YES NO CENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  CITY OR TOWN COUNTY STATE			
O HOSPITAL OR ATTENDING PREPORTED BY the hospital or other to FUNERAL DIRECTOR. After the should be detached for use as the with the State Dept. of Health and IMPORTANT: If them 21 is marked		22a.l certify that (I) (this hospi	Pouce 1	DEGREE ATTENDING	Aug. 17, 19 80, that (1) (we) long death occurred on the date and hour and from the causes stated  MEDICAL STAFF  DIRECTOR PHYSICIAN (2)  HOS PITAL			
05 P = 3 E	230.	BURIAL, CREMATION, REMOVAL SPECIFY). Cremation		NAME OF CEMETERY OR CREMATORY	23d. LOCATION COUNTY STATE Catonsville Balt. Md.			
	24. F	UNERAL DIRECTOR	0/10/00   26		TE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			

DHMH - 16 50M 1/76 (VR A 15 (4))

MacNabb Funeral Home

Catonsville, Md. AUG 19 1980 Fisher Strakes St

Arthred Armot, but all posterior 1980 February

		CEASED NAME FIRST	,	MIDDLE	L/	ST		20. DATE OF DEATH	MONTH
2.5 8:0	(TYPE	SAMUE	L		MAR	OVIT	Z		8/
	3 SE	x	4 RACE		5 DATE O			& AGE (IN YEARS LAST BE	RTHDAY)
ouce.		MALE	WHITE	3	JAN	JAN. 14, 1908		72 YRS	
ate		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY? USA		(? &	MARRIED NEVER MARRIED (X)		BALTIMORE CITY OR COU	
<b>§3</b> 5		MARYLAND			WIDOWE			BALTIMO	RE CO
st be not	10 C	TOWSON	GBMC-	HOSPITAL, NURS	ING HOME O	ROTHERIN	ST.	126 USUAL OCCUPA (TYPE OF WORK FOR MOST HELPER	TION OF WORKING
35	USU. 13a S	AL RESIDENCE (IF NURSING HOMEOR STATE 136 COUN MARYLAND	OTHER INSTITUTION	GIVE RESIDENCE BEFO 13c CITY OR TO BALT I	WN I	131. INSIDE	CITY LIMITS?	3823 NOF	FOLK
exa O	14. FA	THER'S NAME LOUIS	MIDDLE	MAROVIT	Z.	15 MOTHE	REBECC		
2		VAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIVE NO	MED FORCES? WAR OR DATES)	144 SOCIAL SEC 218-1	CURITY NO. 4-0127	17 INFORA	MRS.	LILLIAN I	RESS DeLEON RALTO
nit. Then please remove prior to burial, cremat ws any injury, or other	NO	gave rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT C	(c)	R AS A CONSEO		NOT RELATE	ED TO THE TERMI	NAL DISEASE OR CO	NDITION G
e sworks	CERTIFICATION	198 DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATION	WAS PERF	ORMED	206 AUTOPSY?	20b. IF YI
or Item 18 sho		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	110110 1	M. MONTH	DAY YEAR	21c HOW	INJURY OCCURRI	ED (ENTER NATURE OF IN)	URY IN ITEM 18
marked	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	218 PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICI	E, FARM, ETC.	211 LOCAT	ION	CITY OR TO	)WN
E					8/19	/	80	8/20	
em 21 i		220 I certify that (I) (this hospi saw the deceased alive an above (I) (we) (did not a no	8/20	19	80		y) (aur) opinian d	eath occurred an the	date and ho
INT: If It		The SIGNATURE	Will	rlw	C	DEGREE	ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN 🗓
IMPORTANT:		THE PHYSICIAN'S NAME (TYPE OF	PRINT)	7		22e ADDRI	ESS GR	une.	
3 =	23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE	1000 7	NAME OF CI	METERY OF	R CREMATORY	RAEL ROS	EDALE
		SPECIFY) BURIAL	AUG.22	, 1980   F	TAK LIU	NILF	EKETH IS	KAEL KUS	EUALE

- STATE

DHMH-16 25M (VRA 15, 4) 1/79

6010 REISTERSTOWN

REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 20. DATE OF DEATH MONTH 2b. HOUR 8/20/80 IF UNDER I YEAR IF UNDER 24 HRS DAY) CAYS HOURS YRS. COUNTY OF DEATH COUNTY 12h. KIND OF BUSINESS OR WORKING LIFE) INDUSTRY TRUCKS OLK AVE. #21216 BAUER LEON APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ITION GIVEN IN PART 1(0) 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ IN ITEM 18, PART I OR PART 2) COUNTY STATE \_, that (1) (we) last e and have and from the causes stated 22c. DATE SIGNED

COUNTALTO.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

5TMD

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 21215 RD. BALTO., M D

STATE OF MARYLAND

CERTIFICATE OF DEATH

Au. 1775 334 41.7

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ANESE 1980 Perturbation

/-1/

DEC					CERTIF	ICATE OF DEATH	REG. N	0.	, ,	
	EASED NAME M PRINT) E	lsie		A.		AST IARTIN	2. DATE OF DEATH August		NO YEAR	2b. HOUR 3:37pm
SEX	Female			e			6 AGE (IN YEARS LAST BIRT			IF UNDER 24 HR HOURS MIN
CO	JNTRY)	REIGN			MARRIE			_		
	Baltimoee		Frank	klin Squa	re Hos		120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Sales - Dre	ON F WORKING UFE ESS She	12h. KIND C INDUSTRY OD	OF BUSINESS C
3a. S1	ATE	136 COUN	TY	13c. CITY OR TOW	/N	134 INSIDE CITY LIMITS? YES NO	2508 Carro	oll Mi	11 Rd.	21131
L FA1	HER'S NAME FIRST Lewis		IDDLE LAST			IS MOTHER'S MAIDEN NAME  FIRST  Emma MIDDLE Silence LAST			и	
				ED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT			in, same as #13e			
ATION	couse (a), stating underlying couse	stating the couse last.  Couse last.  CC  CC  CONTRIB			NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM			20b. IF YES,	WERE FINDIN	NGS USED
	OR CONTRIBUTING C	AUSE OF DEA	HOUR A.	M. MONTH D		21c HOW INJURY OCCURR	YES NO	YES		NO [
MEDIC	11d. INJURY OCCURR	ED	21a PLACE	OF INJURY		21f LOCATION STREET	CITY OR TOV	vn	COUNTY	STATE
	220 I certify that & (this hospital) attended the deceased from August 21 , 19 80 , to August 28 , 19 80 , that (we) (we) sow the deceased alive on August 28 , 19 80 , and that in (3) (our) opinion death occurred on the date and hour and from the causes stated above (I) (we) (did) (discontinuous the body after death.									
	224 PHYSICIALYS NA			Chy		220 ADDRESS	DIRECTOR PHYSIC	IAN X	872	8780/8
20 91	Juliana ( PRIAL, CREMATION, P		M.D.	23(	NAME OF C	9000 Franklii	Square Dr 234 LOCATION CITY OF TOWN Baltimo		to., Me	d 21237
The second secon	MEDICAL CERTIFICATION  WEDICAL CERTIFICATION	Female  BIRTHPLACE (STATE OR FO COUNTRY)  Maryland  O CITY OR TOWN OF DEA  Baltimore  JSUAL RESIDENCE IN HURS  JSUAL RESIDENCE IN HURS  JSUAL RESIDENCE IN HURS  JEWIS  WAS DECEASED EVER  IVES, NO ON UNKNOWN)  NO  BE CAUSE OF DEATI  PART I DEATH W  Conditions, if ony, gove rise to imm couse 101, stothin underlying couse  PART 2 OTHER SIGN  190 DATE OF OPERAT  216. ACCIDENT WAS UND OR CONTRIBUTING COUSE  ON CONTRIBUTING COUSE  WHILE  WHILE  AT WORK  SOW the deceose obov&(1) (we) id  226. PHYSICIANS NA  Juliana (	Female  BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland  COLTY OR TOWN OF DEATH Baltimobe  JSUAL RESIDENCE   IF MURSING HOME OR 136 STATE Maryland  FATHER'S NAME FIRST LEWIS  WAS DECEASED EVER IN U.S. ARA 1YES, NO OR UNKNOWN)  BE CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSE  Conditions, if any, which gove rise to immediate couse oil, stoling the underlying couse lost.  PART 2 OTHER SIGNIFICANT C  190 DATE OF OPERATION  190 DATE OF OPERATION  216. INJURY OCCURRED WHILE AT WORK AT WORK  220. I certify that & (this hospit sow the deceased alive on obov& (1) (we) (did) (dia 26)  226. PHYSICIANS NAME   TYPE OR JULiana Chyu,	Female  BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland  COUNTRY)  Maryland  COUNTY OR TOWN OF DEATH  Baltimore  JUSUAL RESIDENCE   IF NURSING HOME OR OTHER INSTITUTION  Baryland  Fram  JSUAL RESIDENCE   IF NURSING HOME OR OTHER INSTITUTION  Baltimore  FATHER'S NAME FIRST  Lewis  T. Beinst  Lewis  T. Beinst  Lewis  Fran  MIDDLE  T. Beinst  Lewis  Lewis  Lewis  Lewis  Louis  Lewis  Louis  Lewis  Lewis  Louis  Lewis   Female  BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland  COUNTRY)  Maryland  COUNTRY)  Baltimore  STATE  STATE  STATE  STATE  SUSUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE  STATE  S	Female  BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland  CITY OR TOWN OF DEATH  Baltimore  STATE  Baltimore  STATE  WIDOWS  Franklin Square Ho:  SUAL RESIDENCE IF NUISING HOME OR OTHER INSTITUTION, GRE RESIDENCE BEFORE ADMISSION)  Baltimore  FRATIL TO R TOWN  Baltimore  FRATIL TO R TOWN  Baltimore  MARRIE  MIDDLE  FRATIL TO R TOWN  Pheonix  FRATIL TO R TOWN  FRATIL TO R TOWN  FRATIL DEATH LETTER ONLY ARMED FORCES?  INMEDIATE CAUSE DE  Conditions, if ony, which gove rise to immediate couse iol, stoting the underlying couse lost.  FRATIL DEATH WAS CAUSED BY  CONDITIONS (BY YES, GIVE WAR OR DATES)  DUE TO. OR AS A CONSEQUENCE OF MYOCARDIA BUT OR CONTRIBUTING TO DEATH BUT IF ETHER NOTEY MEDICAL EXAMINER;  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IF ETHER NOTEY MEDICAL EXAMINER;  The DATE OF OPERATION  190 DATE OF OPERATION  1910 DATE OF OPERATION  1911 DEATH NOT WHILE IN THE OPERATION  210 INVORVE THE OPERATION  1910 DATE OF OPERATION	Female  White  Female  White  White  White  Benthplace (STATEORFOREGN ONLINE)  WARRIED   NEVER MARRIED   NO ONCED   NEVER   NO ONCED   NO ONCED	SEX Female  White  SIDATE OF BIRTH  MODITO  SIDE OF BIRTH  MODITO  BALTIMORE CITY O  BALTIMORE CITY O  BALTIMORE CITY O  BALTIMORE III.  SAME OF HOSPITAL, NURSINH CHOME OF OTHER INSTITUTION  IF HOLD IN SUCH ACQUITY, ONE STREET ADDRESSION  Franklin Square Hospital  SALTIMORE  Franklin Square Hospital  SALTIMORE  Franklin Square Hospital  SALTIMORE  Franklin Square Hospital  SALTIMORE  SALTIMORE CITY ONE STREET ADDRESSION  SALTIMORY  THE BOLL AND SCHOOL OF THE INSTITUTION  SALTIMORY  SALTIMORE CITY ONE STREET ADDRESSION  SALTIMORY  S	Female  Female  White   SEX Pemale    ARCE   S.DATE OF BRITH   S. AGE (INTIMALISATI REPROAT)   Whole I TEAS   Working DAYS   S. CHESTONEON   White   W		



1.	FOR - STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 0	19656
	CEASED NAME FRST E OR PRINT) Earl	Ulitt MASON	LAST	August 31, 19	PRO YEAR 1:45 P
3 SE	×	4 RACE S DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
15 8°	IRTHPLACE (STATE OR FOREIGN OUNTRY)  MASS.	76. CITIZEN OF WHAT COUNTRY? MARRI	ED NEVER MARRIED	Baltimore Co	
57 R	OSSVI LLE	11. NAME OF HOSPITAL, NURSING HOME (IF HOLIN SUCH FACILITY, GIVE STREET ADDRESS)  FRANKLIN SQ.	HOSP	178. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN PANTRY PR)	
E USU		OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION ITY 13c. CITY OR TOWN LTO 13A LTO.	134. INSIDE CITY LIMITS? YES NO (1)	130-STREET ADDRESS	SREENBANK K
<u>\$</u> 30	WILLIAM	MASON	15 MOTHER'S MAIDEN NAMED FIRST FRIEL	DA WLIT	LAST
E   1   100 V	WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	VIRGINIA	ADDRESS  L. MASE	ON ABOVE
ws any injury, or other		DUE TO, OR AS A CONSEQUENCE OF  (c)  ONDITIONS CONTRIBUTING TO DEATH BU	Last		GIVEN IN PART 1(0) YES, WERE FINDINGS USED
n 18 shows any in	10 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO		YES   NO   IN CE	RTIFYING CAUSES OF DEATH? YES NO NO
0	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA!	TH HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Item 21 is	220.1 certify that ix (this hospit sow the deceased alive an above, (i) (we) (did) (and as	ol) oftended the deceosed from Aug. 31	and that in (May) (our) opinion o	, toAUB •SI	, 19 (we) lost hour and from the couses stated
NT: 1f to	226. SIGNADE BU	ain		MEDICAL STAFF DIRECTOR PHYSICIAN	8/31/80
IMPORTANT: If Ite	Dr. Paul Be		9000 Frankl:	in Square Dr.,	21237
/Jo t	BURIAL, CREMATION, REMOVAL SPECIFY) REMATION		CEMETERY OR CREMATORY  NABB	23d. LOCATION CITY OR TOWN	COUNTY STATE
25M 1) 1/79	UNERAL DIRECTOR NAME ONNELLY	F.H. 300 MAC	CE AVE S	EP8 1980	GISTRAR'S SICHATUM

O B C C S SHEWLING CONTRACTOR and the second s the same of the sa The state of the s

ě.		Grace		Louise	1	MASON	Augus	st 3
	3. SE	X	4. RACE		5. DATE OF	BIRTH DAY YEAR	6 AGE (IN YEA	RS LAST BIRT
		Female	White		Jan.	18,1906	74	
C		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	□ NEVER MARRIED □	9 BALTIMORI	CITY O
-1	Ge	eorgia	U.S.A		WIDOWED.		Balt:	imore
100	10. C	TY OR TOWN OF DEATH		HOSPITAL, NURSING		OTHER INSTITUTION	12a USUAL OC	
1		ssville	Frank	lin Squa	are Ho	ospital	House	
-	USU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)	3d. INSIDE CITY LIMITS?	13e. STREET AD	
1	Ma		imore	Dundall		YES NO 🔀	7406	
-7	14 FA	ATHER'S NAME	WIDDLE	LAST		S. MOTHER'S MAIDEN NA	ME	MIDDLE
1		11101		ittman		Mimmie		MODIE
		VAS DECEASED EVER IN U.S. ARA		166 SOCIAL SECUE	RITY NO. 1	7. INFORMANT		ADDRE
	NC			219-16-7	7314	Mr. Arthur	Hodge	. Ba
2	CERTIFICATION	cause (a), stoting the underlying cause last.  PART 2 OTHER SIGNIFICANT C	(c) CONDITIONS CO	R AS A CONSEQUE DNTRIBUTING TO D	DEATH BUT NO		20a AUTOP	
1		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	21b. TIME O HOUR A.	F INJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURI		
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	) P.,		19			
	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE ( (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA		STREET		CITY OR TOV
		220.1 certify that (this hospit sow the deceased alive an abave, (we) (did)	al) offended the August	3/ 10 1	BO, and	that in (our) opinian		gust an the do
		22b. SIGNATURE	00	-	1	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF PHYSIC
		Mario	4.2	Tiaz, N	10 9	7000 Frankl	in Sq.	Dr.
	23a. B	SURIAL, CREMATION, REMOVAL	23b. DATE	23c N		AETERY OR CREMATORY	23d. LOCATI	ON '

8/6/80

Oak Lawn

Duda Ruck Funeral Home of Dundalk, Inc. AUG 5 1980

MIDDLE

FOR

- STATE

(TYPE OR PRINT)

REGISTRAR

DECEASED NAME

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO 20. DATE OF DEATH MONTH 2b HOUR 1980 IF UNDER I YEAR HOURS R COUNTY OF DEATH e County 12b. KIND OF BUSINESS OR F WORKING LIFE) INDUSTRY Lar Ave. 21224 Tateman 629 47th St. Md. 21224 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DITION GIVEN IN PART 1(0) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [ Y IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 19\_80\_, that • (we) last te and hour and fram the causes stated

CITY OR TOWN

1980

Baltimore

DHMH-16 30M 2/80 (VRA 15, 4)

Burial

24. FUNERAL DIRECTOR

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 must retained by the hospital or attending physician.	-
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director receives should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours all the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	0	9	6	5	8
	REG. NO.				

REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.	, 0	2 0
DECEASED NAME	FIRST		MIDDLE		AST			DAY YEAR	2h. HOUR
K	athar	ine	Marie	, M	MATTHEWS	August 20	5, 198	0	1:05am
SEX		4 RACE		S. DATE C		& AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS
Female		Whit	е	07		84	YRS.	MONTHS DATS	HOURS MIN
BIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	ALADDIE.	D NEVER MARRIED	1 BALTIMORE CITY			
Maryland	l.	USA		WIDOWE		Baltimore	Count	у	M
CITY OR TOWN OF	DEATH		HOSPITAL, NURSII		OR OTHER INSTITUTION	12a USUAL OCCUPAT		17h KIND C	F BUSINESS OF
Rossvill	.e				ospital	Housewife			making
UAL RESIDENCE IN	NURSING HOME C	R OTHER INSTITUTION		RE ADMISSION)	134. INSIDE CITY LIMITS?	13e STREET ADDRESS			
aryland	Bal	timore	Roseda	le	YES NO M	1243 H11	1dal	e Aven	ue
FATHER'S NAME					15. MOTHER'S MAIDEN NA			77	
John		MIDDLE	Bu	tz	Elizab	e th		T.	ober
WAS DECEASED E			166 SOCIAL SEC		17 INFORMANT	ADDR	ESS		
NO OR UNKNOWN	(IF YES, GA	/E WAR OR DATES)	212-92	-7818	Alice Kad	lec 12	43 H:	illdal	e Aver
THE CAUSE OF D	EATH (Enter o	alu ana sausa na	r line far (a), (b), ai	-				APPROXI	MATE INTERVAL
PART I. DEAT	H WAS CAUS	EO BV	Cardiopul		7 Arrost			BOTWING	SHOEL AND DEATH
gave rise to couse (a), s underlying co	tating the	(c)		scula	r Disease				
					NOT RELATED TO THE TERM	200 AUTOPSY?		S, WERE FINDIN	
19a DATE OF OP	RATION	146 CONL	III ON FOR WHICH	TOPERATIO	N WAS PERFORMED	YES NOK	IN CERTIF	YING CAUSES	
218 ACCIDENT WAS				AY YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJU	RY IN ITEM 18, P	PART I OR PART 2)	
( IF EITHER, NOTIFY A	EDICAL EXAMINER		.м.	19					
214 INJURY OCC	URRED T WHILE	21¢ PLACE (AT HOME, ST	OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR FO	WN	COUNTY	STATE
saw the dec	eased alive a	August	he deceased from 25	Augus 80	$\frac{19}{19}$ $\frac{80}{19}$ st $\frac{19}{19}$ $\frac{80}{19}$ our) apinion		26 ate and hav		that (K (we) la causes stated
276 SIGNATURE	raile	of-1	Hoesu	, n		MEDICAL STA	FF CIAN [	22c DATE	SIGNED 26/80
224. PHYSICIAN			-		22e ADDRESS				
Charles	F. Ho	esch, M	.D.		9000 Frankli	n Square Dr	., Bal	Lto., Mo	1. 2123
BURIAL CREMATIO	ON, REMOVA			NAME OF C	EMETERY OR CREMATORY	234 LOCATION		COUNTY APPR	Chander
Burial		8/29	/80 B	altim	ore Cemete		rom	The state of	w Md.

BP DHMH-16 25M (VRA 15, 4) 1/79

24 FUNERAL DIRECTOR

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Baltimore Cemetery Baltimore

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE R - STATE CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME MIDDLE 2a DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) MARIE MATTHEWS AUGUST 7 1980 6:40p M 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 3. SEX IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR MONTHS DAYS HOURS. 893 nov To BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH TO CITIZEN OF WHAT COUNTRY? COUNTRY) MARRIED . NEVER MARRIED WIDOWED DIVORCED BALTIMORE COUNTY ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! INDUSTRY SAINT JOSEPH HOSPITAL TOWS ON USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE COUNTY CITY OR TOWN 13e. STREET ADDRES YES [ NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT medica (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) injury, ar other traumatic event, the 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY-Stroke IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which Hypertensive arteriosclerotic cardiovascular gove rise to immediate disease couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION any 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 21 is marked ar Hem 18 shaws NO X YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK

r use as the burial-transit permit. I Health and Mental Hygiene priar DIRECTOR: ld be detached far the State Dept. of ? If Item TO FUNERAL I should be deto with the State I IMPORTANT: H BP.

DHMH - 16 50M 1/76 (VR A 15 (4))

Beatriz P. Dizon, M.D. 7620 York Road. Towson, MD 21204 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION SPECIFY) CITY OR TOWN COUNTY URIA

August

DEGREE

22e ADDRESS

80

19.80

ATTENDING

PHYSICIAN

August

., and that in ( our) apinian death accurred an the date and hour and fram the causes stated

DIRECTOR PHYSICIAN

MEDICAL

220.1 certify that & (this haspital) attended the deceased fram

saw the deceased plive on above, ( (we) (did) ( )

22d. PHYSICIAN'S NAME (TYPE ( PONT)

22b. SIGNATURE

24 FUNERAL DIRECTOR

August

view the body after death.

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

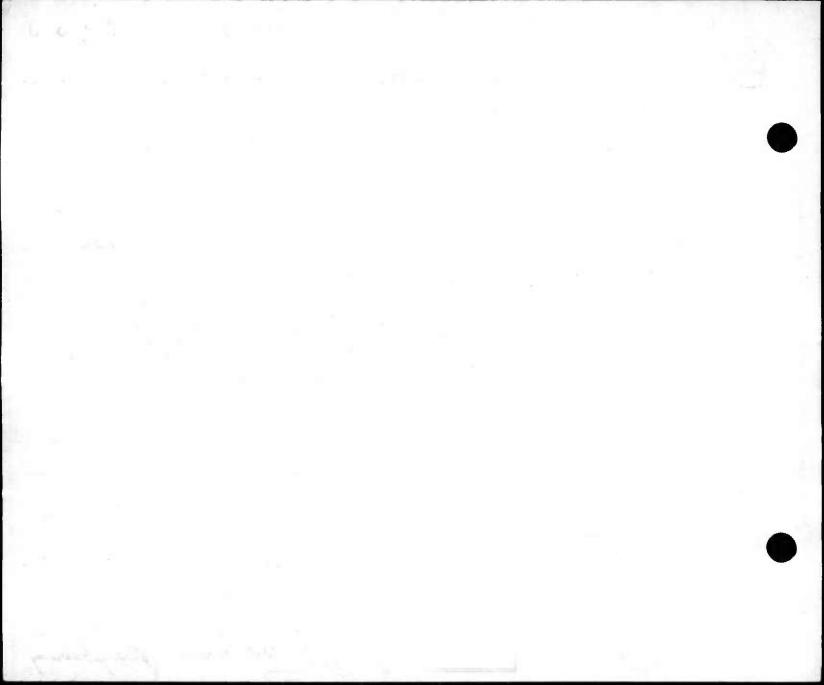
22c. DATE SIGNED

STATE

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	4	1			STATE OF MARYLAND
	8	١	۱ -	FOR STATE REGISTRAR	CERTIFICATE OF DEATH  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 1 9 6 6 0
		1		EASED NAME FIRST	MIDDLE LAST ZO DATE OF DEATH MONTH DAY YEAR 26 HOUR
9 0 0 B			(ITPE	SHIRLEY	M. MATTHEWS AUGUST 10,1980 10:35 P.M.
E 0 0		3	SE>		4 RACE S DATE OF BIRTH 6 AGE   IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
ifter dearn Page 4 m the funeral director, g d within 72 hours after			Fa	MALE	WHITE 10-24-1920 59 YRS MONTHS DAYS HOURS MN.
P = 100	once.	1	a BII	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH
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er d	otified		0 CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET, ADDRESS)  17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET, ADDRESS)  17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET, ADDRESS)
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thin rely 2 sh	- e	1	4 FA	THER'S NAME	15 MOTHER'S MAIDEN NAME
w ba	mo).	3/1	40	a ou C.	SCANROL'S FRANCES LARSON
5 0-				AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS
ond c	medical		-	ES, NO OR UNKNOWN) (IF YES, GIV	BIR 16 7808 FAMILY RECORDS
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ned n	y, or	- 1		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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bee bee	prior ony	3	CAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 700 AUTOPSY? 706 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
on. has		7	TE		YES NO YES NO
ysici cate	Hygiene 18 shaws	3	CER	710 ACCIDENT WAS UNDERLYING	
CIA ph ph ph ph ph ph ph ph ph ph ph ph ph	ltem ]	71.	¥	OR CONTRIBUTING CAUSE OF DE	cain .
HYS Iding			MEDICAL	21d. INJURY OCCURRED	71e PLACE OF INJURY 71f LOCATION
G P offer er fl	olth and M marked ar		2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
O P	leofth s ma	-		27a   certify that (I) (this hosp	photh-attended the deceased from 1964, to 96, 1986, that (I) (me) lost
TTEN pitol TOR for u	21	- 1		saw the deceased alive as abave, If (well-did) (did no	
hos hed	Dept If Hem	- 1		276. SIGNATURE	DECRIE 220. DATE SIGNED
al of the letoc	T. If	- 1		quoin	DEN GOTTON DE MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D
HOSPITAL med by the FUNERAL	State	$\exists$		224 PHYSICIAN'S NAME (TYPE	ORPRINT) 27e ADDRESS
O HOS etained TO FUN should b	MPORTANT			RURED S. S.	EBOSTIAN 2314 JOPPA ROAD
of To	IMPO			URIAL, CREMATION, REMOVAL	1 173h DATE . 173c NAME OF CEMETERY OR CREMATORY 173d. LOCATION
BP-1				PECIFY)	8-16-1980 ST. MARY'S LEM. ROCKFORD THINDIS
/ 1		l t	24 FL	NERAL DIRECTOR	250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE
DHMH-1 (VRA 15,		- 1	0	ANS FLINSON	CHAPEL 8800HARFORD RD. AUG 27 1980 Profry hebrushy
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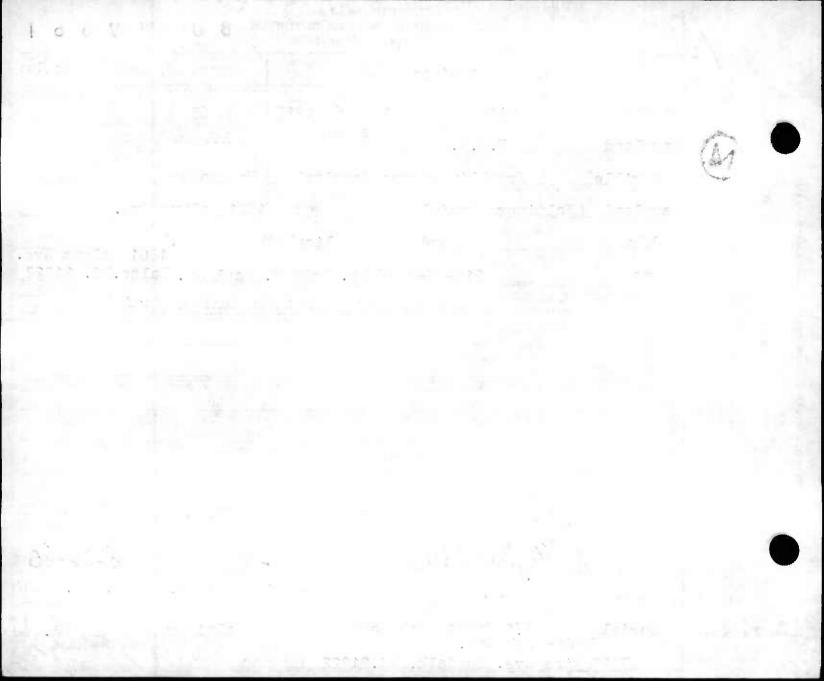
STATE OF MARYLAND

	REGISTRAR						REG. N			
	DECEASED NAME	FIRST		MIDDLE		AST			AY YEAR	2b.
1"	YPE OR PRINT)	largar	et '	Virginia	a MA	UL	August	25, 19	80	8
3 5	SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF (
F	emale		Whit	0	MONTH	DAY YEAR 6 1915	65	YRS.	AONIHS DAYS	НО
The same	BIRTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY C		OF DEATH	
M	aryland		TT	SA	WIDOWE	D MEVER MARRIED L	Baltimor	e Coun	nty	
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R	ossville		Fran	chfacility, give street klin Sai		Hospital	Homemake		INDUSTRY	
US	SUAL RESIDENCE (IF NUI		OTHER INSTITUTION	, GIVE RESIDENCE BEFOR	E ADMISSION)			· de		
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-	Tohn		MIDDLE	Bovd		Elizabet	MIDDLE		LAS	ST
160	14. FATHER'S NAME	MED FORCES?	16 SOCIAL SECU	IRITY NO.	17 INFORMANT		ss 180°	Walr	777	
		IF YES, GIV	E WAR OR DATES)	215-03-		1			to.Md.	
-	7	1				Mr. John H	. Maul Jr	Dali	APPROX	
	Conditions, if any gove rise to im couse (a), statiunderlying cous	IMMEDIA y, which nmediote ing the e lost	DUE TO, O  DUE TO, O  DUE TO, O	ir as a conseque	ENCE OF	cinoma to lun				
CATION	Conditions, if on, gove rise to in couse to!, statu underlying cous	y, which mediate ing the e lost	DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS C	IR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM		DITION GIVE	EN IN PART 1(	NGS
TIFICATION	Conditions, if on, gove rise to in couse to!, statu underlying cous	y, which mediate ing the e lost	DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS C	IR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	EN IN PART 1	NGS OF
CERTIFICATION	Conditions, if ongove rise to im couse 101, storiunderlying cous  PART 2 OTHER SIG	y, which mediate ing the e last	DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS C	OR AS A CONSEQUE	ENCE OF  DEATH BUT  OPERATIO	NOT RELATED TO THE TERM	200 AUTOPSY?  YES NO A	DITION GIVE 200. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS OF
	Conditions, if on, gove rise to im couse to!, statiunderlying cous  PART 2 OTHER SIG	y, which mediate ng the e lost on IFICANT (	DUE TO, O  (b)  DUE TO, O  (c)  DUE TO, O  10)  CONDITIONS C  196 COND  21b. TIME C HOUR A.	OR AS A CONSEQUE	ENCE OF  DEATH BUT  OPERATIO	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY?  YES NO A	DITION GIVE 200. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS OF
	Conditions, if on gove rise to im couse 101, statiunderlying cous  PART 2 OTHER SIG	IMMEDIA  y, which imediate ing the e lost  GNIFICANT (  ATION  IDERLYING CAUSE OF DEC CALEXAMINER;  RRED	DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS C  196 COND  216. TIME C  HOUR A  P.  210. PLACE	ONTRIBUTING TO DETERMINE TO DET	ENCE OF  ENCE OF  DEATH BUT  OPERATIO  AY YEAR  19	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY?  YES NO A	20b. IF YES IN CERTIFY YES RY IN ITEM 18, PA	WERE FINDING CAUSES	NGS OF
MEDICAL CERTIFICATION	Conditions, if on gove rise to im couse 101, statiunderlying cous  PART 2 OTHER SIG	IMMEDIA  y, which imediate ing the e lost  ATION  ATION  DERLYING  CAUSE OF DE.  CALEXAMINER  RRED  WHILE	DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS C  196 COND  216. TIME C  HOUR A  P.  210. PLACE	ONTRIBUTING TO I	ENCE OF  ENCE OF  DEATH BUT  OPERATIO  AY YEAR  19	NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCUR  211 LOCATION STREET	200 AUTOPSY?  YES NO TENTER NATURE OF INJU	20b. IF YES IN CERTIFY YES RY IN ITEM 18, PA	WERE FINDING CAUSES COUNTY	NGS
	Conditions, if ongove rise to im couse 101, stati underlying cous  PART 2 OTHER SIG  19a DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING 118 EITHER NOTIFY MEDI 21d. INJURY OCCUP WHILE NOTIFY ATW	IMMEDIA  y, which mediote ing the e lost  GNIFICANT  ATION  ATION  ATION  CAUSE OF DE.  CALEXAMINER  RRED  WHILE GORK	DUE TO, O  (b)  DUE TO, O  (c)  10)  CONDITIONS CO  19b. COND  19b. COND  21b. TIME C HOUR A HOUR A P.  21e PLACE JATHOME, ST	ONTRIBUTING TO STITLING TO STI	ENCE OF  ENCE OF  DEATH BUT  OPERATIO  AY YEAR  19  FARM, ETC.)  AUGUS	NOT RELATED TO THE TERM  N WAS PERFORMED  211 LOCATION STREET  St 23 1980 and that in My) (our) opinion  DEGREE	200 AUTOPSY?  YES NO A  RED (ENTER NATURE OF INJUI  CITY OR TOV  , to AUGUST  deoth occurred on the de	20b. IF YES, IN CERTIFY YES RY IN ITEM 18, PA	WERE FINDING CAUSES COUNTY	that
	Conditions, if on gove rise to im couse 101, storil underlying cous.  PART 2 OTHER SIG.  19a DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER NOTIFY MED)  21d. INJURY OCCUP WHILE NOTIFY MED)  22a.1 certify thor  22a.1 certify thor  22b.1 signature	IMMEDIA  y, which immediate in the immed	DUE TO, O  (b)  DUE TO, O  (c)  DUE TO, O  IC)  ONDITIONS C  21b. TIME C HOUR A.  P.  21e PLACE IATHOME, ST  ALIEUS The body	ONTRIBUTING TO STITLING TO STI	ENCE OF  ENCE OF  DEATH BUT  OPERATIO  AY YEAR  19  FARM, ETC.)  AUGUS	NOT RELATED TO THE TERM  N WAS PERFORMED  211 LOCATION STREET  STREET  23 1980  and that in My) (our) opinion  DEGREE  ATTENDING PHYSICIAN E	200 AUTOPSY?  YES NO A  CITY OR TOW  To AUGUST  death occurred on the de	20b. IF YES, IN CERTIFY YES RY IN ITEM 18, PA	WERE FINDING CAUSES COUNTY	that
	Conditions, if ongove rise to im couse 101, stoti underlying cous  PART 2 OTHER SIG  19a DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUE WHILE NOTIFY AT WORK NOTIFY AT WORK NOTIFY THE COUNTY OF	IMMEDIA  y, which immediate in the individual individual in the individual individual individual in the individual ind	DUE TO, O  (b)  DUE TO, O  (c)  DUE TO, O  IC)  ONDITIONS C  21b. TIME C HOUR A.  P.  21e PLACE IATHOME.ST	R AS A CONSEQUE  ONTRIBUTING TO I  ITION FOR WHICH  OF INJURY  M. MONTH D.  M.  OF INJURY  REET, FACTORY, OFFICE, F  office decreased from  19  19  19	ENCE OF  ENCE OF  DEATH BUT  OPERATIO  AY YEAR  19  FARM, ETC.)  AUGUS	NOT RELATED TO THE TERM  N WAS PERFORMED  211 LOCATION STREET  St 23 1980 and that in My) (our) opinion  DEGREE	200 AUTOPSY?  YES NO A  CITY OR TOV  AUGUST  death accurred on the	20h. IF YES, IN CERTIFY YES RY IN ITEM 18, PA  25 ote ond hour	WERE FINDING CAUSES COUNTY  COUNTY  ON TO THE TOTAL TO TH	ngs of N
MEDICAL	Conditions, if on gove rise to im couse 101, storil underlying couse PART 2 OTHER SIGNATURE 190 DATE OF OPERATOR OR CONTRIBUTING 18 EITHER NOTIFY MEDI 21d. INJURY OCCUPATION AT WORK NOTIFY MEDI 22d. I Certify that 1 work 1 work 1 we shall be soon the december 12th SIGNATURE 22d. PHYSICIAN'S R	IMMEDIA  y, which imediate ing the e lost  ATION  ATION  ATION  ATION  CAUSE OF DE. CALEXAMINER  CALEXAMINER  CALEXAMINER  ORK  I) (this	DUE TO, O  (b)  DUE TO, O  (c)  DUE TO, O  IC)  Phone  21b. Time C  HOUR A.  21e. PLACE  IATHOME, ST  CONDITIONS  INTERNAL  REPRINA	ONTRIBUTING TO DESCRIPTION FOR WHICH	ENCE OF  ENCE OF  DEATH BUT  OPERATIO  AY YEAR  19  FARM, ETC.)  AUGUS	NOT RELATED TO THE TERM  N WAS PERFORMED  211 LOCATION STREET  211 LOCATION STREET  ATTENDING PHYSICIAN  222 ADDRESS	200 AUTOPSY?  YES NO A  CITY OR TOV  AUGUST  death accurred on the	200. IF YES, IN CERTIFY YES  RY IN ITEM 18. PA  25  ofe and hour  FF. Ba.	WERE FINDING CAUSES COUNTY  COUNTY  ON TO THE TOTAL TO TH	ngs of N

DHMH-16 25M (VRA 15, 4) 1/79

7922 Wise Ave. Dundalk, Md.21222

AUG 29 1980

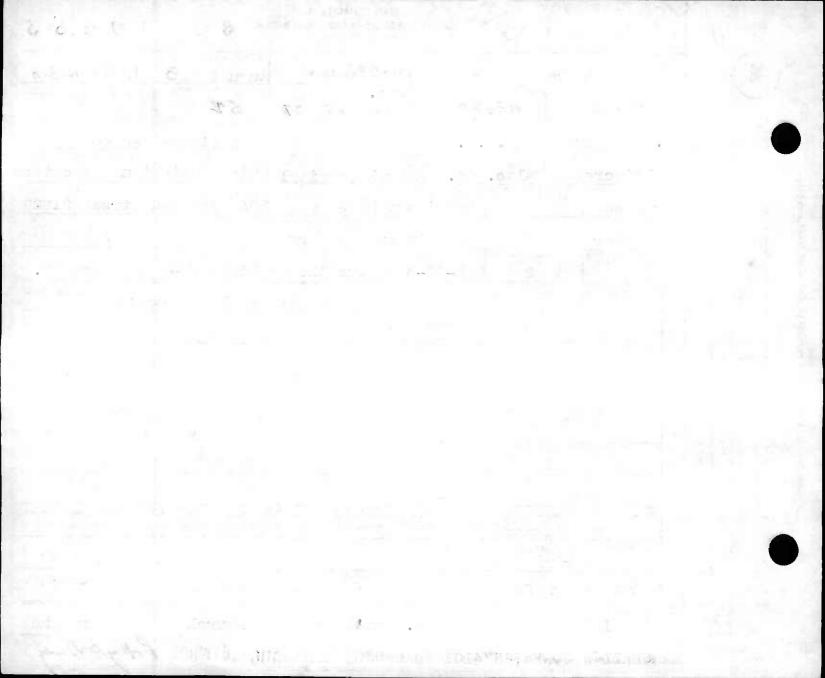


8	1.	FOR STATE REGISTRAR			FICATE OF DEATH	GIENE 8 0	1966
		CEASED NAME FIRST Rachel	V.	McCa	allister	August 11	, 1980
	3. SE	Female	4 RACE White	5 DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER LYEAR IF UNDER MONTHS DAYS HOURS
Sent of	70. 8	RTHPLACE (STATE OR FOREIGN DUNTRY) Maryland	Th CITIZEN OF WHAT C	OUNTRY?	IED NEVER MARRIED	Baltimore CITY OR	
and the most		TY OR TOWN OF DEATH Baltimore			OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOmemaker	N 12b KIND OF BUSIN WORKING LIFE) INDUSTRY
35	13a :	AL RESIDENCE (IF NURSING HOME OF STATE Maryland Balt	OTHER INSTITUTION, GIVE RESI 13c. CIT	IDENCE BEFORE ADMISSION TY OR TOWN	134 INSIDE CITY LIMITS?	13 6003 APPRESS	Wood Rd. Apt. D
$\mathbb{B}_{\alpha}$	14. F/	John John	Wheel	er	15. MOTHER'S MAIDEN NA Margaret		Pohlman tast
m 2	16e. V	VAS DECEASED EVER IN U.S. AR (ES, INQ OR UNKNOWN) (IF YES, GN		CIAL SECURITY NO.	David S. K L	eys, 417 Bro	s ok Rd.Towson,Md
n plens remove career Surial, cremation, or re-	7	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A C	CONSEQUENCE OF	ι /	euia_	ITION GIVEN IN PART 1(a)
shows any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES \( \bigcap \) NO (
ental Hygi or Item 18		218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL	TH HOUR A.M. MO	RY ONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER MATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2]
the burner of the and M	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218 PLACE OF INJU	JRY ORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY S
for use a		220.1 certify that (1) (this hasp saw the deceased alive an above (1) (we) (did) (did no	216	19.80	,	death occurred an the dat	e and haur and from the causes s
State Dep		224. PAYSICIAN'S NAME (TYPE O	liacte		DEGREE  ATTENDING PHYSICIAN  220 ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIA	
should be deta with the State IMPORTANT		Hans Kotter,	I.D.		Osler Drive	Suite 315,	Towson, Md.
n > =	230 8	Burial, cremation, removal Burial		Park		Baltimore	county Marylan
-16 25M 5, 4) 1/79	24 FI	overal director ck Towson Funer	al Home, In	O50 York	,Md. 21204 AU	IG 13 1980	Sh RECEIVAR'S SHOULTHRE

STATE OF MARYLAND

Statement I was branch the former of centre e de dépose e la gressa del A THE STOR SEE LITE The second of th TO HOSPITALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 of retained by the hospital or attending physician.

11	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	19	6 6
		CEASED NAME FIRST Smith	MIDDLE	-	2 linton		8 1,198	28. 1100K
once.	3 SE		NEGRO.	2 Descen	DAY YEAR	6 AGE (IN YEARS LAST BIRTH		YEAR IF UNDER 24 I
notified at o	70 B	RTHPLACE ISTATE OR FOREIGN OUNTRY. Carolina	76 CITIZEN OF WHAT COUNT U.S.A.	RY? 8. MARRIE WIDOWE	NEVER MARRIED	Baltimore CITY OF	re Count	
st be noti	10 €	altimore	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES:	RSING HOME C	PROTHER INSTITUTION	126 USUAL OCCUPATION OF WORK FOR MOST OF Chief Cus	ON 12h KIN WORKING LIFE) INDUS	ND OF BUSINESS
niner mu		AL RESIDENCE (IF NURSING HOME OF STATE 136 COUP	ROTHER INSTITUTION, GIVE RESIDENCE B	efore admission) TOWN IMORE		13. STREET ADDRESS 204 Edgew	ood Stre	et 212
medical exar	)4 F/	Walter	MODLE LAST MCC	linton	)5. MOTHER'S MAIDEN NA/ FINST Mary	MIDDLE		ÖNES
t, the med	16a \	ART 2 OTHER SIGNIFICANT CONDITIONS  CACIDENT WAS UNDERLYING DEATH  CAUSE OF OPERATION  CACIDENT WAS UNDERLYING TO ACT ON THE COUNTY  CACIDENT WAS UNDERLYING TO COUNTY  CAUSE OF OPERATION  CAUSE OF OPERATION  CAUSE OF OPERATION  CAUSE OF OPERATION  CONTRIBUTING COUNTY  CONTRIBUTING COUNTY  CAUSE OF OPERATION  CONTRIBUTING COUNTY  CONTRIBUTING  COUNTY  CONTRIBUTING  COUNTY  CONTRIBUTING  COUNTY  CONTRIBUTING  COUNTY  CONTRIBUTING  COUNTY  CO	F WAR OR DATES)	8-8679	Ducille Mc	Clinton/2	04 Edgew	ood St
ows any injury, or oth	CERTIFICATION	underlying cause last.	OUE TO, OR AS A CONSE	TO DEATH BUT		20a AUTOPSY?	DITION GIVEN IN PAR 206. IF YES, WERE FI IN CERTIFYING CAU	INDINGS USED
Item 18 sh		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH		21c HOW INJURY OCCUR	YES NO RED (ENTER NATURE OF INJUR	YES TO Y IN ITEM 18, PART 1 OR PAR	NO [81 2)
arked or	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	n count	Y STAT
т 21 is m		220.1 certify that (1) (this hosp saw the deceased alive ar	8-1-	C 11	7-26-, 19 81 and that in (my) (our) opinion		te and hour and from	, mar (i) (we
VT: If Ite		22b. SIGNATURE	Stola Li		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F _	S-1-8
IMPORTANT			PATEL.		Bal. Louv		al Ho	Syn'tai
	23e.	BURIAL, CREMATION, REMOVAL SPECIFY, Burial			emetery or crematory t'l Mem Pk	Laurel	COUNTY	arylar
5 25M 4) 1/79	24 F	UNERAL DIRECTOR	VES, JR/4101	EDMOND	SON AVE A	UG 6 1980	256. REGISTRAR'S SIG	Melrod



	EGISTRAR EASED NAME FIRST	MEDICAL EXA	LAST	21. DATE KNOWN MON	TH DAY YEAR 126 HOL
(TYPI	OR BRIDGE	t E.	Mc Daniel Jr		
ma ma	le black	184 19-1958 W	RS.		16 1980 7:30
	EIGN COUNTRY)	Robert  E. Mc Daniel T. DEA  A. RACE black    A. RACE   S. DATE OF BIRTH   1957   6. AGE IN YEARS   IF UNDER 1 YR. IF UNDER 24 HRS   2c. D AVE   MONTHS   DAYS   HOURS   MIN.   PRONCE   A. RACE   MONTHS   DAYS   HOURS   MIN.   PRONCE   MARRIED   NEVER MARRIED   9. BAL   WIDOWED   DIVORCED   B.     WIDOWED   DIVORCED   B.     WIDOWED   DIVORCED   B.     B. NOF DEATH   11. NAME OF HOSPITIAL, NURSING HOME, OR OTHER INSTITUTION   126. USUAL DO FOR MOST OF LAKE   NAME   CAMPBER   136. INSIDE CITY LIMITS?   136. USUAL DO FOR MOST OF LAKE   NAME   136. COUNTY   136. CITY OR TOWN   136. INSIDE CITY LIMITS?   136. STREET AD   136. COUNTY   136. SOCIAL SECURITY NO.   137. INFORMANT   136. STREET AD SECURITY NO.   136. INSIDE CITY LIMITS?   136. STREET AD SECURITY NO.   137. INFORMANT   136. SOCIAL SECURITY NO.   137. INFORMANT   136. SOCIAL SECURITY NO.   137. INFORMANT   136. STREET AD SECURITY NO.   137. INFORMANT   136. STREET AD SECURITY NO.   137. INFORMANT   136. STREET AD SECURITY NO.   136. INSIDE CITY LIMITS?   136. STREET AD SECURITY NO.   136. INSIDE CITY LIMITS?   136. STREET AD SECURITY NO.   136. INSIDE CITY LIMITS?   136. STREET AD SECURITY NO.   136. INSIDE CITY LIMITS?   136. STREET AD SECURITY NO.   136. INSIDE CITY LIMITS?   136. STREET AD SECURITY NO.   136. INSIDE CITY LIMITS?   136. STREET AD SECURITY NO.   136. INSIDE CITY LIMITS?   136. STREET AD SECURITY NO.   136. INSIDE CITY LIMITS?   136. STREET AD SECURITY NO.   136. INSIDE CITY LIMITS?   136. STREET AD SECURITY NO.   136. INSIDE CITY LIMITS?   136. STREET AD SECURITY NO.   136. INSIDE CITY LIMITS?   136. STREET AD SECURITY NO.   136. INSIDE CITY LIMITS?   136. STREET AD SECURITY NO.   136. INSIDE CITY LIMITS?   136. STREET AD SECURITY NO.   136. INSIDE CITY LIMITS?   136. STREET AD SECURITY NO.   136. INSIDE CITY LIMITS?   136. STREET AD SECURITY NO.   136. INSIDE CITY LIMITS?   136. INSIDE CITY LIMITS?   136. IN	Baltimore Co		
Rei	sterstown   11	Lake near Camp	Milldale	USUAL OCCUPATION (TYPE OF WOSFOR MOST OF WORKING LIEE)	RK 12b KIND OF BUSINESS OR INDUSTRY
13a. S	Md. 136. COUNTY	13c. CITY OR TO	None   13d. INSIDE CITY LIMITS?   13e.	STREET ADDRESS	e.
	Robert	Mc Da	niel Sn. Thelma	MIDDLE	288150N
			6-8405 Mrs. Thelm	aMc Daniel	
	18. CAUSE OF DEATH (Enter only of PART I DEATH WAS CAUSED BY		(c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
-	8329 IMMEDIATE C	AUSE (a)	JENCE OF		
	Canditians, if any, which gave rise to immediate	< , , , , , , , , , , , , , , , , , , ,			
	lying cause last.		JENCE OF		STATE AND
z	PART 2 OTHER SIGNIFICANT CONDITIONS CON		THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a	D	37
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED?		20. AUTOPSY?
RTIFIC	OL EVIERNIA CALISE WAS	COLD TIME OF BUILDIN	Lat. How will by occurren		YES XX NO
CAL CE	UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH 5:45 PM MONTE PAY	\$ 19 fell from boat		RPARI 2]
MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT STREET, FACTORY, EARM, ETC.)  1ake in woode	PHOME. 21f. LOCATION STREET 2 area/CampMilldale,	Reisterstown Ba	county STATE
1		the remains described above, he		, Inquiry , and in my	apinian
	death resulted fram: Natural	aysay , Accident X		ndetermined manner,	
	ACTUAL SIGNATURE	Juano	MASSISTANT	MEDICAL EXAMINER SKI	8/17/80
	EXAMINER'S NAME (TYPE OR PRINT) Hormez	R. Guard, M.	D. ADDRESS 111 Pen	n Street,Balto.,	MD 21201
23a.B		DATE 23t. NAME	OF CEMETERY OR CREMATORY 123	J. LOCATION CITY OR TOWN	COUNTY STATE
24. F	Busia/ 8-	21-80 1321	to Cemetery 1256. DATE REC'T	32/4/MONE D. BY REGISTRAR 1256. REGISTRAR	'S SIGNAPIRE
	NIAMEO A	- ADDRESS C	Oliver St. AUG 2	West Later	Manual

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Fage retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral after should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 ments with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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1	1 -	FOR - STATE REGISTRAR	DEPARTA	MENT OF	E OF MARYLAND SEALTH AND MENTAL HYG SICATE OF DEATH	IENE 8 0	19	6	6 5
		CEASED NAME FIRST OR PRINT) Annie	Gerfillin		c Gee	20. DATE OF DEATH M	8 12	YEAR 80	2b. HOUR 12:15a.
	3. SE		4. RACE White	S. DATE (		6 AGE (IN YEARS LAST BIRTHO	MONTHS	DAYS	IF UNDER 24 HRS HOURS MIN.
t one		RTHPLACE (STATE OR FOREIGN OUNTRY) Scotland	76 CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED	Baltimore CITY OR	COUNTY OF DE	ATH	MD.
Politied O	C	atonsville	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Little Sisters	address)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Housewife	VORKING LIFE) IN	KIND O DUSTRY	F BUSINESS OR
ad \$5. K	13o. S	laryland	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW Baltimo	'N	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 52 Stanwic	k Road		
250		Bernard	Donohue Donohue		15. MOTHER'S MAIDEN NA/ FIRST  Jane	WIDDLE		inn	
medica		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI NO	MED FORCES? 16b. SOCIAL SECU E WAR OR DATES) 217-34-8		Sr. Pauline	ADDRES:	Choice		MATE INTERVAL
injury, ar ather traumatic	z	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO D	CE OF	Heet luter	N, activenced	cerity	PART 1(c	
O a	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		20b. IF YES, WER IN CERTIFYING YES [		
is morked or Item 18 shows	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) AT WORK AT WORK	HOUR A.M. MONTH DA	19	21f. HOW INJURY OCCURE 21f. LOCATION STREET	RED (ENTER NATURE OF INJURY		PART 2)	STATE
MPORTANT: If Hem 21 is mor		22a I certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE	it view the body offer death.	2	nd that in (my) (our) opinion of DEGREE  ATTENDING PHYSICIAN	to Pictor Physicia	ond hour and f		
APORTA		220 PHYSICIAN'S NAME (TYPE O	V	V	1101 Maride	n Choice t	a Beer	e To	21229.
≤		BURIAL, CREMATION, REMOVAL SPECIFY) Burial			EMETERY OR CREMATORY thedral Cem.	23d LOCATION CITY OF TOWN Baltimore	COUNT	Υ	Maryland

New Cathedral Cem.

8-14-80

14 FUNERAL DIRECTOR
Hubbard Funeral Home; 4107 Wilkens Ave., 21229

Buria1

Baltimore,

250. DATE REC'D. BY REGISTRAR 256. RE

AUG 14 1980

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ngin0	Jane	Pozoliue	Bernetd
601 Haiden Choice Lane	3 Sr. Preline	705-25-710	9.0
	State Park		
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		AVE	and the Hill
Restricted to a second	1101 500 105	5 4 9 70	40.
maithmown, thought	Carlodeni Cor.	90E 0E-67-8	Zukens
	y)., 21223 AD	ine HIL - Total	ol Invest, Projection

DHMH-16 25M (VRA 15, 4) 1/79

		I. DE	STATE REGISTRAR  CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	TE OF DEATH	REG. NO	MONTH DAY YEAR 26. HOUR
			MARGA					8 14 80 5:40A
13.50	ance.		remale	White W		18, <sup>DAY</sup> 1943	4 AGE (IN YEARS LAST RIRTI	MONTHS DAYS HOURS A
ineral di 72 hou	12 A	C	RTHPLACE (STATE OR FOREIGN OUNTRY)  Maryland	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED WIDOWED	NEVER MARRIED A	BALTIMORE CITY O	RE COUNTY
by the fur	st be no		OWSON	11. NAME OF HOSPITAL, NURS IN INFORMATION SUCH FACILITY, GIVE STREET GBMC-6701 N.	CHARL	ES ST.	126 USUAL OCCUPATR	
ly filled in	The mine			other institution, give residence before NTY 13c. CITY OR TOW 13t. Tows		INSIDE CITY LIMITS?	13. STREET ADDRESS 700 Cambe	erley Circle
ompletely and 2 sho	exal exal	)4. F/		tanley McLaugh		Alice	ME MIDDLE A.	McCa11
0 -	event, the medical		VAS DECEASED EVER IN U.S. AR yes, no or unknown) (IF yes, givi NO	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 217-40-7		INFORMANT iss Alice Ar	ADDRE nn McLaughli	in 700 Camberley C
= 0 =	r traumatic		Conditions, if any, which	( Pneumococ	ceal nne	umonia		
gned by the please rem burial, cren	injury, or other	z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	(b) Pneumococ Due to, or as a consequence Stage IV CONDITIONS CONTRIBUTING TO	ENCE OF Hodgkin	s Disease	inal disease or cone	DITION GIVEN IN PART 1(g)
s been signed by th it. Then please rem orior to burial, cren	shows any injury, or other	TIFICATION	gave rise to immediate cause (a), stating the underlying cause lost	due to, or as a consequing Stage IV	ENCE OF Hodgkin DEATH BUT NO	s Disease	20s AUTOPSY?	206. IF YES, WERE FINDINGS USED
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nospital or attending physician. JIRECTOR: After this certificate has been signed by the ed for use as the burial-transit permit. Then please rement of Health and Mental Hygiene prior to burial, cren	If Item 21 is marked or Item 18 shows any injury, or other		gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (  19a DATE OF OPERATION  2)a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (# EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE AT WORK AT WORK  22a 1 certify that (1) (this hospi	DUE TO, OR AS A CONSEQUENCE ON STAGE IV  CONDITIONS CONTRIBUTING TO  19b CONDITION FOR WHICH  21b, TIME OF INJURY HOUR A.M. MONTH D P.M.  21g PLACE OF INJURY	ENCE OF HODGKIN DEATH BUT NO HOPERATION W  AY YEAR 19 FARM, ETC.) 211 211	S DISEASE TRELATED TO THE TERM AS PERFORMED THOM INJURY OCCURE TO THE TERM TO	206 AUTOPSY?  YES NO (X)  RED (ENTER NATURE OF INJUR  CITY OR TOW	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO VI VI ITEM 18, PART 1 OR PART 2)  VI COUNTY STATE  19 80 that (I) (we) 21c and haur and from the causes states
hospital or attending physician. DIRECTOR: After this certificate has been signed by the hed for use as the burial-transit permit. Then please remede for use as the burial-transit permit. Then please remoted for use as the burial transit permit.	21 is marked or Item 18 shows any injury, or other		gave rise to immediate cause (a) stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION  2) ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)  214. INJURY OCCURRED  WHILE AT WORK AT WORK  220 1 certify that (1) (this hospi sow the deceased alive on obove, (1) (we) (did) (did)	DUE TO, OR AS A CONSEQUION STAGE IV  STAGE IV  CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH  196 CONDITION FOR WHICH  198 CONDITION FOR WHICH  198 HOUR A.M. MONTH D.P.M.  218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, IN)  101) ottended the deceosed from 8/14  1) view the body offer death.	ENCE OF HODGKIN DEATH BUT NO HOPERATION W  AY YEAR 19 FARM, ETC) 211 8/13 80, and th	S DISEASE T RELATED TO THE TERM  AS PERFORMED  C HOW INJURY OCCURR  LOCATION STREET  19_80  AND THE MATTENDING REE  ATTENDING ADDRESS	20e AUTOPSY?  YES NO X  RED (ENTER NATURE OF INJUR  CITY OR TOW  , to 8/14  death occurred on the do	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE  OUT OF THE STATE OF PART 2)  VN COUNTY STATE  21c. DATE SIGNED 8/14/80

Ruck Towson Funeral Home, Inc. Towson, Maryland

1980

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STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	REIEASED BY MEDICAL EXAMINER	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may
		ITAL OR
		TO HOSPI

retained by the haspital or attending physicion.

DHMH - 16 50M 1/76 (VR A 15 (4) )

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		Fom alla	Thite		MONT		67	- 1	ONTHS DAYS	HOUR
	7a. B	Female	White	WHAT COUNTRY?	0	<u>- 03 - 1913</u>	67 BALTIMORE CITY	OR COUNTY	OF DEATH	
25	C	OUNTRY) Mary land	U.S.		MARRIE	D NEVER MARRIED D	BALTIMO	_		
	10 C	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPA	TION	12b KIND C	OF BUS
58		TOWSON	SAINT	JOSEPH	HOSPI		Homemake:		industry	
3/	13a S	AL RESIDENCE (IF NURSING HOME COL	OR OTHER INSTITUTION	13c CITY OR TOW	e admission) 'N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS			E 4
27			timore	Baltime	ore	YES X NO	6229 You	k Road		
DE	14 FA	Herman F.	Meye Meye	er, Jr.		IS. MOTHER'S MAIDEN N FIRST  Jessie	AME		Hawks	
1		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDI	RESS		
1		No	VE WAR OR DAIES,	214-22-9	171		1			
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only ane cause per ED BY: ATE CAUSE (a)	line for (a), (b), on Acute	dic Ba	udio-Pul	monor ar	ut	AFPROX BETWEEN	ONSET A
	7	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	(b)	R AS A CONSEQUE  R AS A CONSEQUE  ONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TER	Anfant RMINAL DISEASE OR COL	NDITION GIV	EN IN PART 10	10
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO:	DN WAS PERFORMED	20a AUTOPSY?	20b. IF YES	, WERE FINDI YING CAUSES	NGS U
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9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.	M. MONTH D	AY YEAR		IRRED (ENTER NATURE OF INJ	URY IN ITEM 18 PA	ART 1 OR PART 2)	
	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE ( (AT HOME, STR	OF INJURY IEET, FACTORY, OFFICE, F	FARM, ETC )	21f. LOCATION STREET	CITY OR TO	OWN	COUNTY	
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		22d. PHYSICIAN'S NAME (TYPE	R my	Kunt		ATTENDING	MEDICAL ST.		8/1	-/8
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1		walter R.	L 23b. DATE	., H.D.		THE PROGEOUS		,		

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CERTIFICATION

MEDICAL

Burial

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME FIRST MIDDLE 7g. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) 11:58 August 4, 1980 William Clyde MILBOURNE 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS MONTH 06 YE AR Male White 10 1893 86 In BIRTHPLACE (STATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Marvland TISA WIDOWED Baltimore County IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rossville Franklin Square Hospital Welder Continental Can USUAL RESIDENCE (IF NURSING HORE OROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136. STATE
131. COUNTY
134. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Baltimore 2810 Evergreen Avenue Maryland NO [ YES T 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST MIDDLE FIRST Thomas Milbourne Iva Carman Mav 166. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT IYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 2810 Evergreen Avenu 213-03-4775 Minnie Milbourne Yes

APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardio-Pulmonary Arrest DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which (b) Possible Massive Pulmonary Embolism gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. (c) Bilateral Pneumonia PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0

Severe Peripheral Vascular Occlusion Disease; Carcinoma of Rectum 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY NO

716. ACCIDENT WAS UNDERLYING 216 TIME OF INTURY HOUR AM. MONTH DAY YFAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF FITHER NOTIFY MEDICAL EXAMINER)

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION CITY OR TOWN

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

COUNTY STATE

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

NO I

Md'.

YES [

80 August 4 80 22a.1 certify that • (this hospital) attended the deceased from JULY August 4 saw the deceased alive on\_ and that in (our) opinion death occurred on the date and hour and from the causes stated 77% SEGNATURE DEGREE 22c DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Jose L. Benitez-Rexach M.D.

9000 Franklin Square Drive 21237

236. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY 8/8/80

23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Gardens of Faith

ATTENDING

Overlea Baltimore 7401 Belair Road UG

STAFF

old be detached to the State Dept. MPORTANT: 0 DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR Lassahn Funeral Home

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	1.	FOR		3181	E OF MARYLAND			17 11 11 11
		- STATE REGISTRAR	DEPAR		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 0	19	6 7 0
		CEASED NAME FIRST HELE	mipole M.	m	iller	20 DATE OF DEATH MO	ST 7 8	21. HOUR //-'2 1 A
	3 SE)		4 RACE	5 DATE C	H DAY YEAR	& AGE (IN TEARS LAST BIRTHO)	MONTHS DAY	
once		emale	White	D	1 23 26	53	YRS.	
(0)	CC	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTR	RY?	D MEVER MARRIED	BALTIMORE CITY OR		
\$75		ennsylvania	USA	WIDOWE	ED DIVORCED	Baltimore		M
200	K:	ingsville	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR 8005 Yellov	wstone	Road	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Housewife	ORKING LIFE) INDUSTR	o of Business or emalcing
35	13a S	STATE 1136 COUP	** OTHER INSTITUTION, GIVE RESIDENCE BEF INTY 136. CITY OR TO timore Kings	OWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 7408 Spar	- "	
exan	14. F/	ATHER'S NAME			15. MOTHER'S MAIDEN NAM	ME	£3	
E 30		Norman	Mi <b>d</b> wi	ig	Mary	WIDDLE		wig
the medical		WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SE		17 INFORMANT	ADDRESS		
event, the	- 17	YES, NO OR UNKNOWN) (IF YES, GIM	218-26	6-7767	Frederick	R. Miller	7408 Spa	arr Dri
ny injury, or oth	NOI	gave rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEC		I'NS LEFT OF THE TERM	<u> </u>	Ch ON GIVEN IN PART	ild:hood
shows	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED		ON IF YES, WERE FIND N CERTIFYING CAUS YES	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21c HOW INJURY OCCURR			
or Ite	EDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				
marked	MEDI	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	CE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
21 is r		saw the deceased alive on above, (1) (we) (did) (did no	oital) attended the deceased from	, 80 or	nd that in(my)(our) opinion o	, ta 3 / / death occurred on the date	and haur and from t	he causes stated
E	, ,	276. SGNATURE	10000	MAG	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAL	0	7/80
ANT: If Item		224 PHYSICIAN'S NAME (TYPE O	A PRINTED ILL	PVL!	220 ADDRESS	DIRECTOR PHYSICIAL	, , ,	1/30
MPORTANT	22- 0	Phyllis K.	. Pullen	VL1	2807 Jerus	salem Rd,	Kingsv	ille N
IMPORTANT: If Item	23o. B	1724 PHYSICIAN'S NAME (TYPE OF PHYSICIAN'S NAME (TYPE OF PHYSICIAN)  SURIAL CREMATION, REMOVAL  SPECIFY  Burial	Pullen 1236. DATE 123		22e ADDRESS	salem Ra,	Kingsv	ille N STATE

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FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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NX	) ·	REGISTRAR		CERTIFI	CATE OF DEATH	REG. N	10.	
1		CEASED NAME FIRST OR PRINT)	MIDDLE	L.A	ST	20 DATE OF DEATH		YEAR 26 HOUR
	1	MARY	VYN	MODDI	E	AUGUST	18, 1980	1:41p M
	3. SE	Male	WhiTe	S DATEO MINTH	DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER	DAYS HOURS MIN
9 0	7a. B1	IRTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT CO	DUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF DE	ATH
20		New YORK	U.S.A.	WIDOWE			RE COUNTY	MD.
S Contried		TOWSON	SAINT JOSEP	GIVE STREET ADDRESS) H HOSPITAL	r other institution	TY STROTHER MOST		Refrigenation
so son	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME STARE) 135 EQ	UNTY 13c. CITY	ENCE BEFORE ADMISSION) OR TOWN ACHE	13d Inside City Limits? Yes \( \text{NO } \( \text{M} \)	13e STEEST DORESS	LAKewo	od RI
30	14. FA	ALLBERT	MIDDLE MOL	1dLe	15. MOTHER'S MAIDEN NAM	WIDDIE		enne enne
a Hedico	16a. V	WAS DECEASED EVER IN U.S. A YES, NOOR UNKNOWN) (IF YES, G	VEWAR OR DATE 2/6	Sial SECURITY NO. 8-10 - 2627	17 INFORMAND	1. Ly ADDR	Recor	ed.
y injury, or other troumotic ever	TION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO  (b) Corc  DUE TO, OR AS A CO  (c)  T CONDITIONS CONTRIBUTE	DIVISEOUENCE OF DIVISEOUENCE OF		inal disease or con		
and a	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATION	NWAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING C YES	AUSES OF DEATH?
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Tem 7		OR CONTRIBUTING CAUSE OF D	ER) P.M.	19		ED (ENTER NATURE OF INJU	RY IN TEM 18, PART 1 OR F	-AKI 2)
orked or Item I	MEDICAL		Cann I	19 Y	ŽÍF LÖCATION STREET	CITY OR TO		
en 21 is marked or frem 18 shows ony		(IF EITHER, NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE AT WORK  NOT WHILE AT WORK  220. I certify that (1) (this has	P.M.  216. PLACE OF INJUR (AT HOME, STREET, FACTOR	19 PY ARY, OFFICE, FARM, ETC.)  Ped from August 19 19 19 00 00 00	21f. LOCATION STREET  15 19 80 d that in (our) opinion of	city or to	WN COUI	STATE  80, that (we) lost am the couses stated
n men is morked or frem is		(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE AT WORK  220.1 certify that All (this has sow the deceased alive company 210.1 STONALPRE	21e. PLACE OF INJUR (AT HOME, STREET, FACTO)  (AT HOME, STREET, FACTO)  August 18  August 18  August 18	19 PY ARY, OFFICE, FARM, ETC.)  Ped from August 19 19 19 00 00 00	21f. LOCATION STREET  15 , 19 80  I that in (our) opinion of the control of the c	city or to	wn cour 18 , 19	STATE  80, that (we) lost
Arianti II len 21 is morked or l'em la		(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE AT WORK  NOT WHILE AT WORK  220. I certify that (I) (this has sow the deceased alive of d) (a)  221. SIGNALURE	21e. PLACE OF INJUR (AT HOME, STREET, FACTO)  (AT HOME, STREET, FACTO)  August 18  August 18  August 18	PY OFFICE, FARM, ETC.)  Ped from August 80 one	21f. LOCATION STREET  19 80 d that in (our) opinion of	LITY OR TOWN  To August  Jeath occurred an the d  MEDICAL STA  DIRECTOR PHYSIG	un cour 18 19 ate and hour and fr	80, that (we) lost am the couses stated. DATE SIGNED

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and controlled the detached for use as the burial-transit permit. Then please remove carbon papers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the happital or attending physician.

24. FUNERAL DIRECTOR FVANS to

ARTORA

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 50 DATE REC'D.

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7	FOR	DE	PARTMENT OF	HEALTH AN	D MENTAL HYGIE	NEO O	1 /	2	9 0
1-	STATE REGISTRAR				TIFICATE OF DE	A ELL U	G. NO.	9 0	1 4
	CEASED NAME FIRST	A	AIDDLE	LAST		20. DATE KNOV		DAY	YEAR Zb. HOL
(17)	JERO	ME .	Ju.	MOI	WAR	DEATH MATE	8 🗆 🕫	19 19	80
3. SE	X 4. RACE	5. DATE OF BIRTH	6. AGE (IN YE				MONTH	DAY	YEAR 24 HOU
n	male white	Feb. 12,	1944 36	S. MONTHS D	AYS HOURS MIN	PRONOUNCED DEAD	8	19 19	80 a,
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	ashington, D. C	U.S.	Α.	WIDOWED [	DIVORCED [	Baltim	ore Cou	nty	W
	Randallstown	F (IF NOT IN SUCH FACILI	TAL, NURSING HOME  TY, GIVE STREET ADDRESS)  O. Genera.		tal S	SUAL OCCUPATION R MOST OF WORKING HE TRUCTUAL	TYPE OF WORK E) Engir	OR IN	OF BUSINESS IDUSTRY
USU. 13a. S Ma	AL RESIDENCE (IF IN NURSING HOME STATE 130 COUI aryland Car	OR OTHER INSTITUTION, GIVE F		ONI		REFLADORESS A			
14. F.	ATHER'S NAME	MIDDLE	TAST	15. M	OTHER'S MAIDEN NAM			IAST	
	Jerome	B.	Monar		Lucille	F.		Knag	gs
160.	WAS DECEASED EVER IN U.S. AF	WAR OR DATES	16b. SOCIAL SECURIT		FORMANT		DRESS		
	No		215-44-74	97 A]	lice L. Mo	mar, Sa	mes As	#13	
	18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	nly ane cause per line fa	r (a), (b), and (c).)					APPRO BETWEEN	XIMATE INTERVAL
		TE CAUSE (o)	Valvular 1		ısease				1-1-6
	7077	1	A CONSEQUENCE	OF .					
	Canditions, If any, which gave rise to immediate	(b).			-682			-	
	cause (a) stating the under lying cause last.	DUE TO, OR AS	A CONSEQUENCE	OF					
		(c)							
NO	PART 2 OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BUT	NDT RELATED TO THE TERM	INAL OISEASE OR CO	NOITION GIVEN IN PART T (6).				P. SY
ATI	198. DATE OF OPERATION	19b. CONDITIO	N FOR WHICH OPER	ATION WAS PE	RFORMED?			2D AUTO	OPSY?
TIFIC	ATT MILE TO THE							YES	M NO [
CERTIFICATION	210. EXTERNAL CAUSE WAS	21b. TIME OF IN	JURY AONTH DAY YEAR	21c. HOW IN	JURY OCCURRED LENTE	R NATURE OF INJURY IN I	EM 18 PART 1 OR P		
	UNDERLYING OR CONTRIBUTING CAUSE OF		19						
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF STREET, FACTOR		21f. LOCATIO	N	CITY OR TOWN		OUNTY	STATE
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	220. I certify that I taok char	-0-		Autopsy C		Inquiry ,	and in my a	pinian	
	/h1	0 -		TI	TLE (SPECIFY)			0	
	ACTUAL SIGNATURE	W/O	~	M.D	Assistant	DICAL EXAMINER	DATE	8-19	9-80
	EXAMINER'S NAME A	W N /D:	M D						BIVE
	(1.11	nn M. Dixor		ADDR		nn St.			
23a.B	Burial Burial		23c. NAME OF CEA			LOCATION TY OR TOWN	C COU	čoll.	Mď.
	DUTIAL UNERAL DIRECTOR	8-22-1980	Meado	ow Bran					
	harles W.Buri	rier Tooress	ivkesiil	le. Md		BY REGISTRAR 25b.			
	HILDUTI	TOT POT . by	ATTON KIT.	To b mid	Milla	MAIL I	may BO	DEJAMON	

STATE OF MARYLAND



Seien | Dating | Seb.12,1954 | 6 | 8 | 7 | 10 | 40 12.11. 12.11. my min and see that Indicate and some of the cold and the the contract to the contract of the contract the contract 21 - Mary Talos I. Compr. Same: As 13 . Du . Llower are importal technical tells and for the control of

Charles - Burrier, up., Tykasýille, vá. Aug. 5 kyl

12		1	FOR STATE REGISTRAR	37		MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 0	10.	9 6	7 3
6.	(AA)	I. DE	CEASED NAME FIRST		MIDDLE		AST	2e DATE OF DEATH	MONTH D	19/80	2b. HOUR
>		1. SE	RÛTI	4 RACE	IRMA	Monks		& AGE (IN YEARS LAST BIR		FUNDER I YEAR	7:05P
m 4	Ge aft	1 20	FEMALE	WHI	TE	MONTH FEB.	DAY YEAR	66	M	ONTHS DAYS	HOURS MIN
	neral dire	70 B	IRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND		WHAT COUNTRY?	1	D NEVER MARRIED	BALT I MOF			AAI
10	by the fur		TOWSON		HOSPITAL, NURSINGH FACILITY GIVE STREET	10 110 110 0	RLES ST.	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O SECRETARY	ION OF WORKING LIFE	12h KIND O INDUSTRY	ANCE CO
AND 212	filled in uld be fill	13a	AL RESIDENCE (IF NURSING HOME STATE 136 CO MD. BAI	OR OTHER INSTITUTION UNITY	N, GIVE RESIDENCE BEFOR 13c. CITY OR TOW RODGERS	E ADMISSION)	131 INSIDE CITY LIMITS?	130 STREET ADDRESS 251 RODGER	S FORG	E RD.	
MARYL	mpletely and 2 sho		ATHER'S NAME RAYMOND	WIDOLE	MONKS		IS MOTHER'S MAIDEN NA FIRST LAURA	ME MIDDLE E		SNŸ	DER
IMORE,	Pages 1 a	160	WAS DECEASED EVER IN U.S. 14ES, NO OR UNKNOWN! (IF YES, C	ARMED FORCES? GIVE WAR OR DATES!	212-10-3		17 INFORMANT MARY HOLTGRE	ADDR EVE 607 YARM			
ON ST., BALL	ending physicis carbon papers. on, or removal. traumatic event		IS CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED		CARDIA	C ARR	EST			BETWEEN C	MATE INTERVAL DNSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	in signed by the at then please remove to burial, cremati ny injury, or other	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(c)_	OR AS A CONSEOU	ENCE OF			IDITION GIVE	N IN PART 10	7,00,
AL RECOM	te has bee	CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	OF DEATH?
OF VIT	physician. is certificate ial-transit perfental Hygier or Item 18 st		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18, PA	RT I OR PART 2)	
NVISION DING PH	이 구들은 이	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
ATTEN	Ospital or a URECTOR: ed for use a ept. of Heal		22a I certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did) 22b. SIGNATURE		deceased from 19 y after death.		d that in (my) (aus) apinian		iate and haur	9 80 and from the	
ATIG	retained by the hospital of Francisco		224. PHYSICIAN'S NAME (TYP	E OR PRINT)	War.	ng	ATTENDING PHYSICIAN [	MEDICAL STA	EF CIAN DE	81	18/10
10	retained by TO FUNER, should be de with the Sta	230	BURIAL, CREMATION, REMOV	De Sar	[23c]	NAME OF C	GBMC 6701	N. CHARLE	S STR	EET	
	BP		BURIAL	AUG.	22,1980		UEL LUTHERAN	BALTIMO		COUNTY	STATE MD .
1906	DHMH-16 25M (VRA 15, 4) 1/79		UNERAL DIRECTOR NAME ITCHELL-WIEDEF		ADDRESS		25a DA	TE REC'D. BY REGISTRAR			A 2-0 6
- 3				-40 HOUR	. 0500 101	IN AD.				/	

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TOWART BRAINER . I I'M .

AUG . JUN

attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carban papers, with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar remaval.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9 6 7 4

11		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.			
1		CEASED NAME FIRST EOR PRINT) Mauc	le	MIDDLE	1	orley	Aug.17, 1		Y YEAR	26 HOUR 9:20	
	3. SE	x Female	4 RACE	ite	Jan	DAY - YEAR	6. AGE (IN YEARS LAST BIR		F UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
of once.	Pe	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED		Baltimore County			
Octified	Ch	aring Cross	735 Ma	chfacility, give street	ve 212	OR OTHER INSTITUTION		126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE HOUSEWIFE			
of Funds	13a : Ma		or other institution JNTY <b>inore</b>	GIVE RESIDENCE BEFORE 13. CITY OR TOW Charing	Cross		13e. STREET ADDRESS 735 Martin	n Drive	21229	9	
30		ATHER'S NAME William	WIDDIE	Strick		15. MOTHER'S MAIDEN N. FIRST Rebec	Ca		Carr	ST	
e medica		WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	IRMED FORCES?	170 14 3	4	Mrs. John L	eeds Sa	ess Lme			
injury, ar other traumatic event, th	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	CONDITIONS C	OR AS A CONSEQUE				IDJTION GIVEI	N IN PART 10	0)	
shows ony	CERTIFICATION	190 DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e. AUTOPSY?			NGS USED OF DEATH?	
20		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	CAIN	DF INJURY .M. MONTH DA .M.	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	IT 1 OR PART 2)		
is marked ar Item	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
If Hem 21		220. I certify that (1) (this has sow the deceased nime above, (1) (we) is directly 22b. SIGNATURE	Δ	19	, or	nd that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN	n death accurred on the d	ote and hour o			
MPORTANT		220 PHYSICIAN'S NAME (TYPE				9055 C	herral	2t I	DR E	21043	
\$	23a. [	BURIAL, CREMATION, REMOVA	236. BAJE 8/29	/80 Bu	NAME OF C	e Cemetery	23d LOCATION Burnside	, Pa. °	OUNTY	STATE	

DHMH - 16 50M 7/77 (VR A 15 (4))

Old Eastern Ave AllG Bruzdzinski Funeral Home PA

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2				STATE OF MARTLAND	44	2 00 1 100 00
de		FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	19675
N death	I. DE	OR PRINT!	E W.	MOULTON	20 DATE OF DEATH MON	-30-80 3 p
e .	3 SE	F	4 RACE	5. DATE OF BIRTH  MONTH  A  -15-04	6 AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS HOURS MIN
72 hours a		RTHPLACE (STATE OR FOREIGN OUNTRY)	IN CITIZEN OF WHAT COUNTRY	MARRIED □ NEVER MARRIED □ WIDOWED ☑ DIVORCED □	BALTIMORE CITY OR CO	COUNTY
st.be not	P	morals foun	11. NAME OF HOSPITAL, NURS  PHOT IN SICH FACILITY GIVE STREET  ON 1	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOWEN AC	TXING LIFE) 126. WIND OF BUSINESS C
uld be fit	13a :	STATE / 136 COUN	NTY POPULATION, GIVE RESIDENCE BEFORE TO STATE OF THE POPULATION O	MIN 1134. INSIDE CITY LIMITS?	130 STREET ADDRESS	n brook Dr.
Sexand 38	14. F/	AMUEL PL	es for	15. MOTHER'S MAIDEN NA	AME MIDDLE	William
Pages 1 a	16a. \	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SEC EWAR OR DATES) 220-24-	e a m	Han 3405 1	Redman Dr. 210
e has been signed by the atten sernit. Then please remove ca ene prior to burial, cremation, shows any injury, or other tra	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse last.  PART 2 OTHER SIGNIFICANT (	SETES ME	HYPERTENSION	700 AUTOPSY? 7200	DN GIVEN IN PART 1(o)  IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
rial-transit partial Hygis or Item 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH		RRED (ENTER NATURE OF INJURY IN I	TEM 18, PART 1 OR PART 2}
th and Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
pt. of Heal		sow the deceased alive on	tol) attended the deceased from t) view the gody after death.		deoth occurred on the dote o	nd hour and from the couses stated
RTA		220 PHYSICIAN'S NAME WHO	REBBY	PANDESS PARCE	TOWN COUR	MY GEN HASP
shoul with	23a.	BURIAL, CREMATION, REMOVAL	236. DATE /4/80 736	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF SOWN	DE COUNTY STATE
MH-16 25M A 15, 4) 1/79	24. F	UNERAL DIRECTOR	Run ADDRESS	25a. DA	TE REC'D. BY REGISTRAR 251	SHEPAN MILLIAM

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

STATE

REGISTRAR

MOLTHER TO ANTHONY SEE IN THE STATE OF THE OWN Carthur E. Clenes werter E. Market with the trace the meant that & Shirt State to the second of the second 

1	1 - STATE		DEPAR	CERTIFICATE OF DEATH	REG. NO.	9011
41	1. DECEASED	1	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
		John	Victor	Murphy	August 31,	1980 10:30
	3. SEX		4. RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
		Male	White	July 28, 1907	73 YF	
Syce.		CE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	RARRIED MEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH
50	Batte	o., Md.	U.S.A.	WIDOWED DIVORCED	Baltimore	County. M
00		SUILLE	11. NAME OF HOSPITAL, NURS 4111 STEPFACHER GIVE SIZE	ing home or other institution and the control of th	120 USUAL OCCUPATION Manager—Inst	12b. KIND OF BUSINESS OF
must be	USUAL RESII 13a. STATE	Md. Bal	INTY 136 CITY OR TO		13. STREET ADDRESS 411 S. Rol	lina Road
June	14. FATHER'S	NAME		15. MOTHER'S MAIDEN NA	AME	
130	C	laude	C. Nurph	nu Margaret	t L MIDDLE	Fulda
medical	16a. WAS DE	CEASED EVER IN U.S. A		CURITY NO. 17 INFORMANT Car		ryland,21228. 11 S.RollingRo
njury, ar ather traumatic event, th	Cond gove couse under	itions, if ony, which rise to immediate to course lost.	DUE TO, OR AS A CONSEQ  (b)  DUE TO, OR AS A CONSEQ  (c)	ratory A	· · · · · · · · · · · · · · · · · · ·	aos. 6 mas
huo swo	CERTIFICATION DA	TE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	FYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?  YES NO NO
9	OR COL	CIDENT WAS UNDERLYING  NTRIBUTING CAUSE OF D  THER NOTIFY MEDICAL EXAMIN  JURY OCCURRED	EATH HOUR A.M. MONTH	DAY YEAR 19 211. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
arked o	AT WOR	NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC ) STREET	CITY OR TOWN	COUNTY STATE
n 21 is m			pital) attended the deceased from  19.  10.  10.  10.	, and that in (my) (our) opinion	, to, to	, 19 , that (I) (we) los hour and from the causes stated
TZ. If Hen	22h SI	Kolcer of	Sowen		MEDICAL STAFF DIRECTOR   PHYSICIAN	221. DATE SIGNED ,
MPORTAN	22d. PH	Pobert C	orprint) Lruin, M	1 D. 1200 KD	. Rolling to	A. Ballo Mfs
_	230. BURIAL, (SPECIFY)	Burial	236. DATE 9/4/80 N	ew Cathedral Ce	metery-Balt	imore, Md. STATE

STATE OF MARYLAND

DHMH-16 30M 2/80 (VRA 15, 4) 24. FUNERAL DIRECTOR

A Cook to the second formation of the second formation · Marian and 'S sement of the action of the second second 6 All harden Parter age and Total and the second se Harries Brown States In Market Brown and States and Addition to the Tage and the state of the state

12,3-1

	1 -	FOR STATE REGISTRAR <b>Elsie M</b> y		RTMENT OF	HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 O REG. NO.	9 6 7 8
		EASED NAME FIRST	SIE S.		MYEKS	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR 26 80 94
3.	SEX	Female	4 RACE Chite	MON	OF BIRTH  10,1910  YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 70	MONTHS DAYS HOURS
35		THPLACE (STATE OR FOREIGN UNITY)	76. CITIZEN OF WHAT COUNTR	Y? 8	ED NEVER MARRIED	Balto. County	
58		Y OR TOWN OF DEATH DWSON	11. NAME OF HOSPITAL, NUR!  {IF NOT IN SUCH FACILITY, GIVE STR  St. Joseph	EET ADDRESS1		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFT HOUSEWIFE	12b KIND OF BUSINES INDUSTRY
35	ISUA 3a. S	RESIDENCE (IF NURSING ATE Md.	DE DTHER INSTITUTION, GIVE RESIDENCE BER 1130. CITY OR TO Baltimo	NWO	13d Inside City Limits? YES K NO	13e STREET ADDRESS 1102 Ramblewood	Rd.
00		HER'S NAME FIRST William	MIDDLE LAST Strobel		15 MOTHER'S MAIDEN NA FIRST	WIDDLE	Koegel
2 16	(1)	no	RMED FORCES? 166 SOCIAL SE VE WAR OR DATES)  219-22- only one cause per line 1970 (b),	-5321	Miss Janet	Lee Myers same	APPROXIMATE INTERV
	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last	DUE TO, OR AS A CONSEC	DUENCE OF	Muyo con	AINAL DISEASE OR CONDITION GIV	ZEN IN PART 1(0)
9	EEE	90 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	ON WAS PERFORMED		S, WERE FINDINGS USED YING CAUSES OF DEATH S
U7	<u> </u>	7) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIFEITHER, NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTH P.M.	DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18, P	'ART 1 OR PART 2)
	WED	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STA
		sow the deceased alive a above, #1 (we) (did) (did-	pital) attended the deceased from n	19		deoth occurred on the date and hou	
		27b. SIGNATURE	. ( 333 = 3	Ines.	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	270. DATE SIGNED
1		ZZE PHYSICIAN'S NAME (TYPE	F AWALT		7650 V	BERLY HOSP	TAK
23	(5)	irial, cremation, remova ecify) Buria]	Aug. 29, 1980 Ce			Brooklyn A.A.	CO. Md.
24	1 FU	NERAL DIRECTOR NAME Leonard J. Ru	ck Inc. Baltimos	re, Ma	ryland AU	G 28 1980	RAR'S SIGNATURE



MADE IN THE STATE

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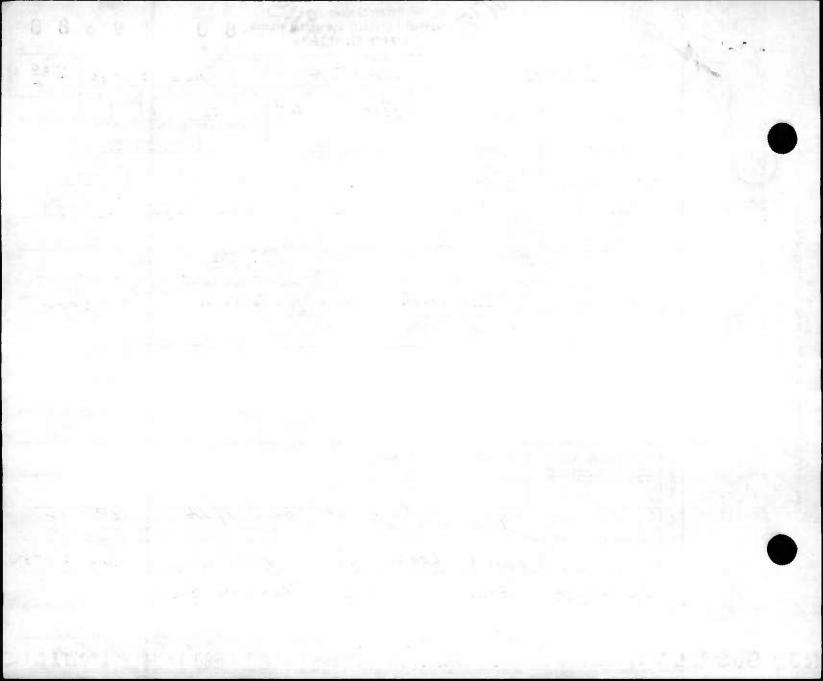
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO a DATE KNOWN 2b. HOUR 80 0300 DEATH MATED 7d. HOUR 9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOREMAN-WIRE MILL STEEL MFGR. 24 SUNSHIP ROAD 21222 LAST Reuschlein ADDRESS LOUISE SMILEY MYERS -- SAME AS 13e APPROXIMATE INTERVAL monoxie 20. AUTOPSY? YES and in my apinion SIGNED CREMATION 8/11/1980 GREEN MOUNT CREMATORY BALTIMORE MARYLAND 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REP WALTER BROOKS BRADLEY, INC., DUNDALK, MARYLAND

STATE OF MARYLAND

**DHMH - 17** (VR A15 ME (5)) 15M7/77

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	1	FOR STATE REGISTRAR	The same of	DEPARTA	AENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	1 9	6	3 0
25		CEASED NAME SOF		MIDDIE		ADITCH .	1.	G. 12./	YEAR 26.	7 30 M
safter de	1 58	FEMALE	4 RACE WHIT	E	S DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS	A T TEAR	NOER 24 HRS URS MIN.
72 hour	7a B	RTHPLACE (STATE OF FOREIGN OUNTRY) RHODE ISLAND	76. CITIZEN OF	WHAT COUNTRY?		D NEVER MARRIED	BALTIMO	RE COUNT		MD.
90	10 €	BALTIMORE	I IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET ORD MANOR	ADDRESS)	OR OTHER INSTITUTION	126 USUAL OCCUPATE (TYPE OF WORK FOR MOST O SALESLADY	WORKING LIFE! IN	KIND OF BUDUSTRY RETAIL	
miner miner	13a.:	AL RESIDENCE (IF NURSING HOM STATE 13,0 CC MARYLAND	E OR OTHER INSTITUTION DUNTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW BALTIMO	N	134. INSIDE CITY LIMITS? YES XX NO []	13e street address 4002 GLEN	APT. GYLE AVE	_	215
and 2 shoul	14 F/	ATHER'S NAME FIRST HARRY	MIDDLE	BELLIN		IS MOTHER'S MAIDEN NAMED PRICEST YETTA	MIDDLE		EVIN	
Pages 1 a	16a \	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN] (IF YES, NO	ARMED FORCES? GIVE WAR OR DATES)	212-09-		17 INFORMANT MR 9054 MEADOW	S. MIRÏAM <sup>D</sup> M HEIGHTS RD.	, RANDAL	LSTOWN  APPROXIMATE BETWEEN ONSET	
sen signed by the attend Then please remove carl or to burial, cremation, or any injury, or other trau	NOI	Conditions, if any, which gove rise to immediate cause (a), storing the underlying couse last	(b)	R AS A CONSEQUE R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON			
r permit. giene prit 8 shows	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	YES NO	200. IF YES, WER IN CERTIFYING YES	CAUSES OF I	
After this certific the burial-transity hand Mental Hy narked or Item 1	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IFETHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CAUSE	DEATH HOUR A	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	19	211 LOCATION STREET	CITY OR TOV		UNTY	STATE
AL DIRECTOR: stached for use as ite Dept. of Heali IT: If Item 21 is I		220.1 certify that (I) (thus he saw the deceased alive above, (I) (we) (did) plus 22b. SIGNATURE	on au	2. 12 100		nd that in (my) (corr) apinian  DEGREE  ATTENDING PHYSICIAN	death occurred an the di	ate and haur and	from the caus	
TO FUNERAL should be deta with the State MPORTANT		DR. MANUE	L LEV			22R ADDRESS PAR	K Hs. Av			
F 2 3 Z		BURIAL, CREMATION, REMOV SPECIFY) BURIAL	AUG.1	3,1980 H	EBRE	EMETERY OR CREMATORY V YOUNG MEN	236 LOCATION CITY OR TOWN BALT IM		MARYL	AND
HMH-16 25M RA 15, 4) 1/79	24 F	UNERAL DIRECTOR ST		ON & BROS BALTO.		125e. DAT	G 19 1980	250 REDISTRAR'S	SIGNATURE CLAS	4



1 3	FOR STATE REGISTRAR	DE	STATE OF MAR PARTMENT OF HEALTH AI CERTIFICATE C	ND MENTAL HYGI	ENE 8 0	9681
	EASED NAME FIRST  R PRINT)  MUTTAL	y C.	Nelson, S	Sr.	August 12	1980 2 HOUR A
3. SEX	Male	White	5. DATE OF BIRTH	5,1901	6 AGE (IN YEARS LAST BIRTHD)	AY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
00 00 00	THPLACE (STATE OR FOREIGN 7 DUNTRY) Ston, Mass	U.S.A.	NTRY? 8.  MARRIED NEV	'ER MARRIED	Baltimore city or c	county of DEATH ee County, MD.
10. CITY	rortown of death tonsville	LIE NOT IN SUCH FACILITY GIV	NURSING HOME OR OTHER (*STREET ADDRESS) Home		120 USUAL OCCUPATION LIVE OF WORK FOR MOST OF WISTON REPT	orking Life)   12b. KIND OF BUSINESS OR   INDUSTRY THAT SOE   12 CONTROL OF SOE   12 C
d blue 2130 ST	Md. Bali	other institution. Give residence in the control of	nsville YES		13e STREET ADDRESS 286 Bloom	Electricit sbury Ave.
Pro 30			son	HER'S MAIDEN NAM Mary	MIDDLE	Buckler
	AS DECEASED EVER IN U.S. ARN S, NO OR UNKNOWN) (IF YES, GIVE YES WW	1444 B OB D 1 7551				AveApt.D-6 on-Catonsville,
og remove. Being other from the control of the cont	PART I. DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Canditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.		SEQUENCE OF	ar Accide	nt	
t permit. Then ows ony injury	PART 2. OTHER SIGNIFICANT CO ancer of t 9a. Date of Operation	he Thyroid	WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?   21	Ob. IF YES, WERE FINDINGS 1970 49 N CERTIFYING CALIFE YES \(  \)
and Mental I	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER) AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)  211. LOC		ED (ENTER NATURE OF INJURY IN	COUNTY STATE
J: If Hem	27a. I certify that (I) (this haspite saw the deceased alive on abave, (I) (we) (did) (did not 27b. SIGNATURE	E Row	ne. m 5	- ATTENDING PHYSICIAN	nto 2 = 2 = 1 eoth occurred an the date  MEDICAL STAFF DIRECTOR PHYSICIAL	1980, that (1) (we) lost and hour and from the causes stated  22c. DATE SIGNED  8-12-80
hould be with the Si	James E. R.  James E. R.  JRIAL, CREMATION, REMOVAL		22e. ADE 4/	3 Commonu	ealth Avenue	Balto., Md. 21228
238. BU	Burial	8/14/80	Meadowridg	e Mem. I	Park -Howa	
30M 2/80 15, 4)	NERAL DIRECTOR	mondson Ave. Al	DRESS	25a. DATE	REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE

I S and the second second second second . The of what it Simple Free waint of the ball of the second state of the second state of the second se . July and the late of the A long a series of the series Jenney E King M. D. C. Marion to the best of the control of . . (1300 . 9360) articles and more than 1977 Ubsi u 28UA 1912 aller sub-section

7.	١.	FOR STATE	D	EPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL HY	GIENE 8 0	1	9 6	DEATH  LL., MD.  126. KIND OF BUSINESS OR  NDUSTRY  REPUBLISHES OR  LAST Eggleston  13.  APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH  SELECTION  STATE  COUNTY  STATE  COU
		REGISTRAR	MIDDLE	CER	IFICATE OF DEATH	REG. NO			To the second
		CEASED NAME FIRST OR PRINT!	12		Vorris	2. DATE OF DEATH	MONTH DAY	-	1-15
- 1	3 SE		1 RACE P		E OF BIRTH	6 AGE IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
	2 0	MALE	white		30 14	46	YRS.		MOURS MAN
+8	C	RTHPLACE (STATE OR FOREIGN DUNTRY)  Lorida	US A	MAR	RIED S NEVER MARRIED	BALTIMORE CITY O	Llum	P Cu.	, MC
70		Kwille MU	UF NOT IN SUCH EACILITY OF		A PIN 14	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Steel Wo	OF WORKING LIFE)	12h. KIND C INDUSTRY	F BUSINESS OR
35	USU.	AL RESIDENCE IN NURSING HOME O TATE MU 136 900	NTY 113c. CITY (	CE BEFORE ADMISSI OR TOWN	134. INSIDE CITY LIMITS?	130 STREET ADDRESS	chNes	, Re a	sells 3/2 cy
17.	14. FA	THER'S NAME FIRST	WIDDIE	AST	15. MOTHER'S MAIDEN N First	AME		LAS	7
De	160 V	Slyvester	Cains Nor	ris AL SECURITY NO	Myrtle	E.	SS	Egg	<u>leston</u>
1			E WAR OR DATES)	10-5068			me as #	<sup>‡</sup> 13.	
		18 CAUSE OF DEATH (Enter o	nly one couse per line for (a)		1 5 0			BETWEEN	MATE INTERVAL
		PART I. DEATH WAS CAUSI	TE CAUSE (a)	ense	levolie Clerk	io Vascula I	Discuse	seve	colys.
		4292	DUE TO, OR AS A CO	NSEQUENCE O	Care Care al	7011	. DALL'	32	100
		Conditions, if ony, which gave rise to immediate cause 101, stating the	DUE TO, OR AS A CO	USEQUENCE O	F	J. T.	10000		
		underlying cause last	(c)	10.70.05.7111					
	No.	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	NG TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	IN PARI II	31
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY?	20h. IF YES, V IN CERTIFYIN YES [	NG CAUSES	OF DEATH?
9	=	2) 8. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MON	ITH DAY YE		RRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART	1 OR PART 2)	
	MEDICA	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY	, OFFICE, FARM, ETC.	211 LOCATION STREET	CITY OR TOV	vN	COUNTY	STATE
		228.1 certify that (I) (this hasp sow the deceased alive or above. (I) (we) (did) (did)	11-111 1-	19	and that in (my) (our) opinion	, to, to	ote and hour o		
		226. SIGNATURE	n C. Hyle		ATTENDING PHYSICIAN	MEDICAL STAI	FF CIAN [	8-1	SIGNED 14-80
1		22d. PHYSICIAN'S NAME (TYPE O	Hyle		22. ADDRESS 25.27 Bel	air Pel Berl	eto 21.	2367	nd
		URIAL, CREMATION, REMOVAL			F CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	cc	YTAUC	STATE
	24 FI	Buria1	Aug. 22, 1980		wn Cemetery	Jacksonv			
M /79		ck Towson Fune:			ork Road AU	G 2 1 1900	Lists	y he	bready
		The Low Coll Latte.	The state of the state of	10%3011	3.20022207				



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	1-	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AN CERTIFICATE O		REG. NO.	196	8 3
Ī		CEASED NAME FIRST	MIDDLE	LAST			ONTH DAY YEAR	26. HOUR
ath	(Tree	CHAR	LES Fisher	O'DAY			08 25 80	5-358 N
D 3	SEX		4 RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHO		
2		Male	CAO	MONTH DAY		76	YRS.	HOURS MIN
35		RTHPLACE (STATE OR FOREIGN DUNTRY)	U. S. A.	MARRIED NEVE	R MARRIED DIVORCED	BALTIMORE CITY OR	COUNTY OF DEATH	MC
at be no	0	Andallstown	11. NAME OF HOSPITAL, NURSIN IF NOT IN SUCH FACILITY, GIVE STREET		NSTITUTION	126 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V		OF BUSINESS OR
y filled in ould be fill	USUA 13e S	TATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 134 CITY OR TOW	E ADMISSION)	E CITY LIMITS?	13. STREET ADDRESS	etu LAKe	DRIVE
d 2 sh	4 FA	THER'S NAME	MIDDLE () DAY	15. MOTHE	EN'S MAIDEN NA	WE	Hala	AST A P <
Pages 1 ar	(Y	AS DECEASED EVERAIN U.S. AL	RMED FORCES? 166 SOCIAL SECU E WAR OR DATES) 215 32	7111 EH	MANT	ADDRESS Au Suke	s sville, Md	j.
as been signed by the attending phy mit. Then please remove carbon pap p prior to burial, cremation, or remo ows any injury, or other traumatic e	CERTIFICATION	Conditions, if any, which gave rise to immediate cause to, stating the underlying cause last	DUE TO, OR AS A CONSEQUIDATION OF AS A CONSEQUIDATION OF AS A CONSEQUIDATION OF AS A CONSEQUIDATION OF A CONSEQUIDATION OF A CONDITION FOR WHICH	ENCE OF E PLANCE OF MCCOP  ENCE OF MCCOP  DEATH BUT NOT RELAT	Low maky	20s AUTOPSY?	hear BI	INGS USED
ificate has in 18 shown 18 sho	CERTIFI	210 ACCIDENT WAS UNDERLYING		21t HOW	/ INJURY OCCUR	YES NO NO RED (ENTER NATURE OF INJURY	YES 🗌	№ □
- 6 - 5		OR CONTRIBUTING CAUSE OF DE		AY YEAR				
3: After this as the buria alth and Me is marked o	MEDICAL	WHILE OCCURRED  WHILE OF WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 216 LOCA STRE		CITY OR TOWN	COUNTY	STATE
ECTOR: for use as of Heali		saw the deceased alive ar	ital) attended the deceased from	7-25- 80, and that in (n	ny) (aur) apinian	death accurred on the date	e and hour and from the	, that (I) (we) last e causes stated
AL DIR etached ate Dept		226. SIGNATURE	· Shah miD.	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	-1 00	E SIGNED
should be detaction with the State IMPORTANT:		224. PHYSICIAN'S NAME (TYPE O	n. Stat.	22e ADDF		AUSTON	5	
	7	URIAL, CREMATION, REMOVAL PCCFY) UNITED NERAL DIRECTOR NAME	8-28-80 2	NAME OF CEMETERY OF	enten.	23d LOCATION CITYORTOWN	Carrell	Md.

STATE OF MARYLAND

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marked at Item 18 shaws any

IMPORTANT: If Item 21 is

	1 -	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	IENE 8	O REG. NO	0.	9 6	8 4
		CEASED NAME	FIRST		MIDDLE	Ĺ	AST	2a. DATE O	FDEATH	MONTH D	AY YEAR	26. HOUR
ı			uzet	te	S.	Ogl	. e	Aug	ust		980	2:20 M
1	3. SE)		-	I. RACE		5. DATE C	DAY YEAR	6. AGE (IN	YEARS LAST BIR		IF UNDER 1 YEAR	HOURS MIN.
		Female		White		Sept	. 24,1892	87		YRS.		
1	RC BI	RTHPLACE (STATE OR FO		U.S.A	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED D	1		R COUNTY	of DEATH	***
-	10. CI	TY OR TOWN OF DEAT			HOSPITAL, NURSIN		OR OTHER INSTITUTION		OCCUPATI			DF BUSINESS OR
C		tonsvill		St. Ja	Seph S	Nurs	sing Home	Hou	sewi,	fe	INDUSTRY	-
3	USU A 13a. S	AL RESIDENCE (IF NURSIN TATE Md.	Balt	imore	13c CITY OR TOW Catons	N	13d. INSIDE CITY LIMITS? YES NO 🗷	13° ST REET	ADDRESS Edmo	ndson	a Aver	ıue
	14. FA	THER'S NAME		NDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE	WIDDLE		IA:	ST
0	1	William		C.	Schere	P	Mary				Nagel	
		AS DECEASED EVER IF		NED FORCES? WAR OR DATES)	217-12		D-Mrs. Muze				21157 295ni	
	7	Conditions, if any, gove rise to imme cause (a), stating underlying cause	which	DUE TO, O	R AS A CONSEQUE	ENCE OF	Heart Failure Onitis	2				
	NO	_	er of	.1 1		DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEAS	SE OR CON	DITION GIVE	EN IN PART 1	0
7	CERTIFICATION	19a DATE OF OPERATI	ON			OPERATIO	N WAS PERFORMED	200 AUT		IN CERTIFY	WERE FINDE	OF DEATH?
		21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEAT	n	FINJURY M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURR	YES	NO	YES		NO 🗌
	MEDICAL	21d INJURY OCCURRE	D E	21e. PLACE ( (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET		CITY OR TO	wN	COUNTY	STATE
		220 I certify that (1) (1) saw the deceased abave, (1) (we) (di	d alive on_	0-20	19		d that in (my) (our) opinion o	ta (death occurre	ed an the de	ate and haur	and from the	
		22b. SIGNATURE	es.	E.E	me	m		MEDICAL DIRECTOR			8-2.	1-80
		James E.	Kowe	As O			220 ADDRESS 413 Commonwe	ealth i	Avenue	e Bal	to. Md.	21228

should be detached for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene priar ta bur TO FUNERAL DIRECTOR: DHMH-16 30M 2/80 (VRA 15, 4)

ATTENDING PHYSICIAN: The attending physician

> Burial 24 FUNERAL DIRECTOR NAME

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) 236. DATE 234 NAME OF CEMETERY OR CREMATORY

Lorraine Park Cemetery -Baltimore, Md.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

413 Commonwealth Avenue Balto, Md. 21228

8/22/80 Starting Tuneral Estate ADDRESS 136 Edmondson Ave.

Catonsolls, Md. 21228

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	1.	FOR STATE REGISTRAR			CERTIFI	OF MARYLAN ALTH AND M CATE OF DE	ENTAL HYG	0	O REG. NO.	1	9 6	8 5
		DEASED NAME FIRST		MIDDLE	LA			20 DATE OF D		DAY	YEAR	2b. HOUR
	15	W1	lliam -	J.	O'Hara	1.			88		1980	10A
	3 SE)	Male	4 RACE Wh	ite	5 DATE OF MONTH	DAY	YEAR 1915	6. AGE (IN YEAR)	S LAST BIRTHOAY)	MONT	MDER I YEAR	HOURS MIN
3<		RTHPLACE (STATE OR FOREIGN Md.	76. CITIZEN OF	WHAT COUNTRY?	1	NEVER MA		9 BALTIMORE	city <u>or</u> cou	NTY OF		
X	10 CI	TOWSON	11. NAME OF	HOSPITAL, NURSING HEACILITY, GIVE STREET. Burke A	IG HOME OF			_	R MOST OF WORKIN		NDUSTRY	of Md.
35	USU/ 13a. S	AL RESIDENCE (# NURSING HO TATE Md.			E ADMISSION)	134 INSIDE CIT	Y LIMITS?	Ret 13. STREET AD		E. B	urke	
	14 FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S	MAIDEN NA/		MIDDLE		LAS	
50		Joseph	P.	O'Hara		E	11a		C		MeDor	
1		VAS DECEASED EVER IN U.S ES, NO OR UNKNOWN) (IF YE	S, ARMED FORCES? S, GIVE WAR OR DATES	215 03 (		17 INFORMAN Helen		lara	ADDRESS Sam			
		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CAUMAN IMME	AUSED BY: EDIATE CAUSE (a) DUE TO, C	Player Payer OR AS A SONSEOUE Se wer	atou ENCE OF	1 Fai Imora	lue,	Acuti	soma		APPROX BETWEEN	mate interval onset and deat this.
	NO	gave rise to immedial cause (a), stating the underlying cause los	DUE TO, O			NOT RELATED T	TO THE TERM		DR CONDITION	GIVEN	IN PART 1	01
9	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFOR	MED	200 AUTOP			G CAUSES	NGS USED S OF DEATH? NO
9		21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ( (IF EITHER, NOTIFY MEDICAL EXAM	OF DEATH HOUR A		AY YEAR			RED (ENTER NATUR	E OF INJURY IN ITEM	18, PART 1	OR PART 2)	
1	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	147 4045 53	OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC.)	21f LOCATION	N	c	NWO,T RO YTI	(	COUNTY	STATE
2 2		22a.1 certify that (1) (this sow the deceased of abaye, (1) (we) (did) (d	ve on	- 21 19_	\$p_, on	d that in (my) (	aur) opinion	, to <del></del> death occurred o	on the date and			that (I) (we) lo causes stated
		226. SIGNATURE	Punza	lan			TENDING HYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	]	22c. DATE 8 - 7	SIGNED 26-80
7		Jaime M.	Punzalan	M.D.		22. ADDRESS 5214	Harfo	rd Rd.			ille.	
	270 5	LIPIAL CREMATION REMO	DVAL TON DATE	122, 1	NAME OF CE			1234 LOCATI	ON			

DHMH-16 25M (VRA 15, 4) 1/79

24 FUNERAL DIRECTOR
Mitchell-Wiedefeld Home

230 BURIAL, CREMATION, REMOVAL

Burial

23b. DATE

8/28/80

ADDRESS 00 York Rd.

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

STATE Md.

Dulaney Valley Mem.Gds Cockeysville, 250 DAJE REC D. BY REGISTRAN 256 RE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral d should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filed within 72 ho with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any interviour or other transmits event the medical examiner must be notified at
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DHMH-16 25M

(VRA 15, 4) 1/79

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE LAST 20 DATE OF DEATH MONTH 26. HOUR 1 DECEASED NAME FIRST YEAR (TYPE OR PRINT) **EDNA** ROSE ONTERI 4 RACE DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3 SEX May 2, 1927 YEAR DAYS Female White 53 THE BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** Maryland MARRIED INEVER MARRIED U.S.A. WIDOWED DIVORCED BALTIMORE COUNTY MD 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, ONE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TOWSON N. CHARLES ST Balt.. Md. 21214 USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY Baltimore 3012 Ailsa Avenue 13d. INSIDE CITY LIMITS? Maryland YES DO NO [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Maria MIDDLE LaViola Santoro 17 INFORMANT Husband: ADDRESS Balt. Md. 21214 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 3012 Ailsa Avenue 214-24-2860 Salvatore F. Onteri APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY CARD 10 RESPIRATORY ARREST IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS METASTATIC CA OF BREAST underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NOF YES [ 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 214 INJURY OCCURRED 211 LOCATION 21s PLACE OF INJURY STREET CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 228.1 certify that (1) (this hospital) attended the deceased from that (I) (we) lost 0\_27 sow the deceosed olive on S-75
obove, (I) (we) (did) (did not) view the body offer death and that in (my) (aur) opinian death accurred on the date and haur and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN [ DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OF PRINT) 22a ADDRESS CHARLES ST DR P. J. PATE 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) Burial STATE CITY OR TOWN COUNTY 26 1980 Holy Redeemer Cemetery Baltimore Maryland 250. DATE REC'D. BY REGISTRAR 250. RECISTRAR'S SIGNALLIE AUG 25 1980 24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland

S. S. Carrier D. B. C. B. Lebellewitch in repringent

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Housewife

Apriland Faltione x 3002 Ailsa Aronno

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usband: -alt., M. 21214-214-24-24-0 Salvatore F. Onteri 3012 Ailsa Avenue

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DHMH - 17 TVR A15 ME (5)) 15M 7/76

STATE OF MARYLAND						
DEPARTMENT OF HEALTH AND MENTAL HYGIENS	0	1	0	6	R	
EDICAL EXAMINER'S CERTIFICATE OF DEATH	U	REG. NO.	7	0	0	

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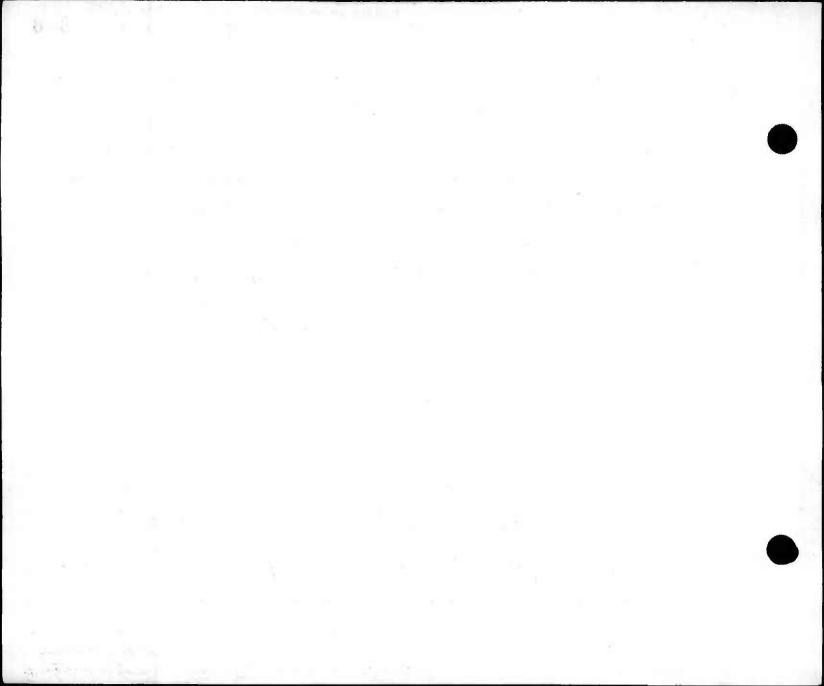
Daniel  J. Orem  Daniel  J. Orem  Daniel  J. Orem  Daniel  J. Orem  Male  White  Mite  Mit	ver k,Md
Daniel  L. Orem  Death Mated 8 29 19 80  Male  White 4 18 1963 1/75.  Male  White 4 18 1963 1/75.  Maryland  U.S.A.  Maryland  Dundalk  Dundalk  Dundalk  Dundalk  Dundalk  Maryland  Mary	MD.  JSINESS  RY  Urant  Der  k, Md
3. SEX   4. RACE   5. DATE OF BIRTH   DAY   YEAR   6. AGE (IN YEAR)   FUNDER 1 YR.   IF UNDER 24 HRS.   Zr. DATE   MONTH   DAY   YEAR   AST BIRTHOWN   MONTHS   DAYS   HOURS   MIN.   DEAD   B 29   1980   B 29   19	MD.  JSINESS  RY  Urant  Der  k, Md
Male White 4 18 1963 1975 MONTHS DAYS MINE PRONOUNCED 8 29 1980    Je. BIRTHPLACE (STATE OR DEED)   John Control Country   John	MD.  JSINESS  RY  Urant  Der  k, Md
MARKIED   NEVER MARRIED   NEVE	Der  k, Md
Maryland  U.S.A.  WIDOWED  DIVORCED  Baltimore County,  10. CITY OR TOWN OF DEATH  Dundalk  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  Dundalk  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  Dundalk  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT LIVE STREET ADDRESS)  FOR MOST OF WORKING LIVE COOK  Short order  Resta  USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  13. CITY OR TOWN  Maryland  Baltimore  Dundalk  13. MISUBE (IT LIMITS?)  YES NO \$\frac{1}{2}\$ 2261 Searles Road  14. FATHER'S NAME  FIRST  James R.  Orem Jr.  Helen  M. Leep  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO, OR UNKNOWN)  NO  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART 10 EATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT (ONOITIONS CONTRIBUTING TO OCATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	Der  k, Md
Dundalk    11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION   128. USUAL OCCUPATION (TYPE OF WORK 7710 Wise Avenue   179. KIND OF B OR HODDE SCHOOL ADDRESS)   134. INSIDE CHY LIMITS?   138. COUNTY   138. COUNTY   138. CITY OR TOWN   138. CITY OR TOWN   138. CITY OR TOWN   138. STATE   139. COUNTY   138. CITY OR TOWN   138. CITY OR TOWN   138. STATE   139. COUNTY   138. CITY OR TOWN   138. CITY OR TOWN   138. STREET ADDRESS   2261 Searles Road   14. FATHER'S NAME   15. MOTHER'S MAIDEN NAME   160. WAS DECEASED EVER IN U.S. ARMED FORCES?   166. SOCIAL SECURITY NO.   17. INFORMANT   2261 Searles Road   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   26. Shotgun Wound of Arm and Chest   16. WAS DECEASED EVER IN W.S. CAUSED BY:   16. Shotgun Wound of Arm and Chest   16. WAS DECEASED EVER IN W.S. CAUSED BY:   16. Shotgun Wound of Arm and Chest   17. INFORMANT   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   27. INFORMANT   27.	Der  k, Md
USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVER ESIDENCE BEFORE ADMISSION)  136. STATE  137. CITY OR TOWN  Maryland  Baltimore  Dundalk  136. CITY OR TOWN  YES \( \) No \( \) 2261 Searles Road  14. FATHER'S NAME  FIRST  MIDDLE  LAST  James R.  Orem Jr. Helen  M. Leep  160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)  (IF YES, GIVE WAR OR DATES)  NO  18 CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c),)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS OF MATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	per k,Md
Maryland Baltimore Dundalk    14. FATHER'S NAME	k, Md
James R.  Orem Jr. Helen  M. Leep  166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) NO  18 CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Canditions, if any, which gave rise ta immediate cause (a) stating the under-lying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	k, Md
James R.  Orem Jr. Helen M.  Leep  166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)  NO  18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Shotgun Wound of Arm and Chest  Due TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	k, Md
160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last:  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	E INTERVAL
APPROXIMA BETWEENONS  Shotgun Wound of Arm and Chest  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONOTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	E INTERVAL
PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Shotgun Wound of Arm and Chest  Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OBATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	T AND DEATH
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPS:	
YES 🛣	? NO 🗆
ONDERTING OR CAUSE OF DEATH 1:00xx 8 29 80 Subject shot by unknown assailant  ONTRIBUTING CAUSE OF DEATH 1:00xx 8 29 80 Subject shot by unknown assailant  21d. INJURY OCCURRED  WHILE NOT WHILE TO NOT WHILE TO NOT WHILE AT WORK AT WORK  Parking lot  7710 Wise Ave., Dundalk, Baltimore,	state Md.
22a. I certify that I taak charge of the remains described above, held an <u>Autapsy</u> X, Inspection . Inquiry ., and in my apinion death resulted from: Natural causes ., Accident ., Suicide ., <u>Hamicide</u> X, Undetermined manner	
ACTUAL SIGNATURE LUGIMA LOCAL M.D. ASSISTANT MEDICAL EXAMINER SIGNED 8/	29/80
EXAMINER'S NAME Virginia L. Dolan, M.D. ADDRESS 111 Penn Street	
0 /0 /00	
	STATE
7922 Wise Ave. Dundalk, Md. 21222	state Md.

critical survey of the country of 888 8800 Papyhallowy

TO HOSPITAL OF ATTENDING PHYSICIAN, The low requires that the death certificate be executed within 24 hours after retained by the haspital or attending physician.

l	10	1.	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYGII ICATE OF DEATH	ENE 8 0	0.	9 6	8 8
n 40			CEASED NAME FIRST FREDER	RICK OBERLIN		O,SR.	20 DATE OF DEATH	MONTH DAY	YEAR 80	25. HOUR A 8:30 M
of party	組	3. SE	x Male	White	S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF U	INDER I YEAR	IF UNDER 24 HRS HOURS MIN
uneral dir	5	M	RTHPLACE (STATE OR FOREIGN OUNTRY)  Bryland	USA	WIDOWE	DE NEVERMARRIED U	Baltimore city of Baltimore			MD.
by the t	200	В	altimore	11. NAME OF HOSPITAL, NURS IF NOT IN SUCH FACILITY, GIVE STRE 9626 Alda D	rive	DR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Machine	OF WORKING LIFE)	INDUSTRY	F BUSINESS OR
y filled in hould be	d see	130 Ma	aryland Ba.	or other institution, give residence before NTY  13c. CITY OR TO  -			9626 Al	da Dri	ve, 2	21234
ompletely ompletely ond 2 s	30	S.	Trederick	L. Otto		Margaret	MIDDLE		Hans	sel
on and a	e medico	160. \	No	220 <b>–</b> 03	<b>-</b> 7200	Martha Ott				
ng physic bonpope	removal.			inly one cause per line (5) to 1, (b), o ED BY TE CAUSE (a)	new		noma	c	3	MATE INTERVAL INSET AND DEATH
e ottendi	froumoti		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEO	·	netesta8	is			
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seen sign	nor to be	ATION	19g DATE OF OPERATION	196 CONDITION FOR WHIC			20g AUTOPSY?	20b. IF YES, W		
sicion.	lygiene p	CERTIFICATION	21g ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCURRE	YES NO	IN CERTIFYING	G CAUSES (	NO
ding phy is certific burial-tre	Mentol Hy or Item 18	MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	ZII LOCATION				
or often After th	morked o	W	WHILE NOT WHILE AT WORK  270.1 certify that (1) (this hasp	(AT HOME, STREET, FACTORY, OFFICE		0/29 19 7 T	city on tov	1	80 I	hat (1) (we) last
hospital RECTOR hed for u	ept of He tem 21 is		sow the deceased alive or	A 1 1 /3	80.01	nd that in (my) (our) apinion di	eath occurred an the d	ote and hour an	22c DATE,	
I by the	Stote D	1	Stanle 224 PHYSICIAN'S NAME (1791)	4 A. MOU	Me	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STA	FF CIAN []	8/,	1/80
TO FUT	IMPORTAN	23a	BURIAL, CREMATION, REMOVAL	orrison, M.D.	NAME OF C	11 E. Ch	nase St.			
BP			serial Schiffusek Fu	8/12/80 B	elair Bela	Mem. Garden	CITY OR TOWN  CITY OR TOWN  REC'D. BY REGISTRAR	Balt.	imor	e, Md.
DHMH-16 (VRA 15,	4) 7/7B		Home, Inc.	Balt	0. Mc	ir Road 256 DATE	IUG 12 1980		2	7

STATE OF MARYLAND



	may be		)
D 21201	24 hours after oeath. Page 4 m	led in by the funeral director, be filed within 72 hours afte	er must be notified at once.
IN ST., BALTIMORE, MARYLAN	ath certificate be executed within	ding physician and completely fill rbon papers. Pages 1 and 2 should, or removal.	rumatic event, the medical exami
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL CA ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after offer. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, presshould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed within 72 hours after the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.
1000	TO HOSPITAL OF ATTENDING PHYSICIAN retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After should be detached for use as the with the State Dept. of Health at	IMPORTANT: If Item 21 is mar

if the	1.	FOR STATE REGISTRAR				PARTM	CERTIF	E OF MARYLA EALTH AND A ICATE OF D	MENTAL HYG	0	O REG. NO		9	6	8	9
(.M)		CEASED NAME ORPRINT)	Mary	T-011	G.			VENS		2ª DATE OF	Augu		3 19	YEAR	26. HOU	JR
U	3 SE	X		RACE	u,		5 DATE C			AGE (IN Y				ER I YEAR	IF UNDE	R 24 HRS
rector,		Female		Whi	te		Api	5	1922	58	3	YRS	MONTHS	DAYS	HOURS	MIN
hou hou	C	RTHPLACE (STATE OR OUNTRY)	FOREIGN	U.S.	A .	NTRY?	MARRIEI WIDOWE	RIED A NEVER MARRIED BALTIMORE CITY OR COUNT WED DIVORCED BALTO. Count						EATH		MD.
by the funeral ed within 72 led within 12 le		ity or town of de	ATH	(IF NOT IN S	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HOllins Ave.		12a USUAL (TYPE OF WOR HO?		F WORKING I	LIFE) INE	DUSTRY	Hom				
should be fill examiner mu	13a. S	AL RESIDENCE (# NU STATE	13h COUN	TY	Balt	RTOW		134. INSIDE CI	ITY LIMITS?	130. STREET 2 Ho	ADDRESS	as A	ve.		a	
d completely 1 and 2 sho medical exar	14. FA	Walter Walter		DOLE	Goi	ıgh			maiden na first ter	ME	MIDDLE		Ві	irch		1
ysician and co pers. Pages 1 a oval.		WAS DECEASED EVE YES, NO OR UNKNOWN)		MED FORCES WAR OR DATES)			RITY NO.	17 INFORMA		Owe	ADDRE 18	SS	San	ne		
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icate has be sit permit. If shows	ERTIFIC	21a ACCIDENT WAS U	NDERLYING	21b. TIME	OF INJURY			121¢ HOW IN	JURY OCCURE	YES	NO X	1	YES D		NO [	
After this certifical street that certifical the burial-transit pth and Mental Hygimarked or Item 18	MEDICAL C	OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. INJURY OCCU	CAUSE OF DEAT	21a PLAC	A.M. MONT P.M. E OF INJURY STREET, FACTORY,		19	211 LOCATIO			CITY OR TOW			UNTY	\$	STATE
L DIRECTOR: ached for use a e Dept. of Heal		220.1 certify that ( saw the deced obsize, (I) (we) 22b. SIGNATURE +			dy oliver death.	19_E	50	nd that in (my)	TTENDING	MEDICAL	STAF	· F		from the	couses st	toted
TO FUNERAL should be detact with the State IMPORTANT:		224. PHYSICIAN'S P		PRINT)		•		22e ADDRES		volrector pkins			1		· / CX	
P	(	BURIAL, CREMATION SPECIFY) Burial		236. DATE	-80	St	. Jar	mes Ch	urch	Lo	thiar		COUNT	Υ	Mo	TATE
DHMH-16 25M VRA 15, 4) 1/79		UNERAL DIRECTOR	kins	& Son	S Co.	RESS 4	905	York R		5 19	EGISTRAR 80	25h. REG IS	STRAR'S	SENA	URE	

6-8 6 6 Land B. Hardenberg Million Committee The second of th The state of the s

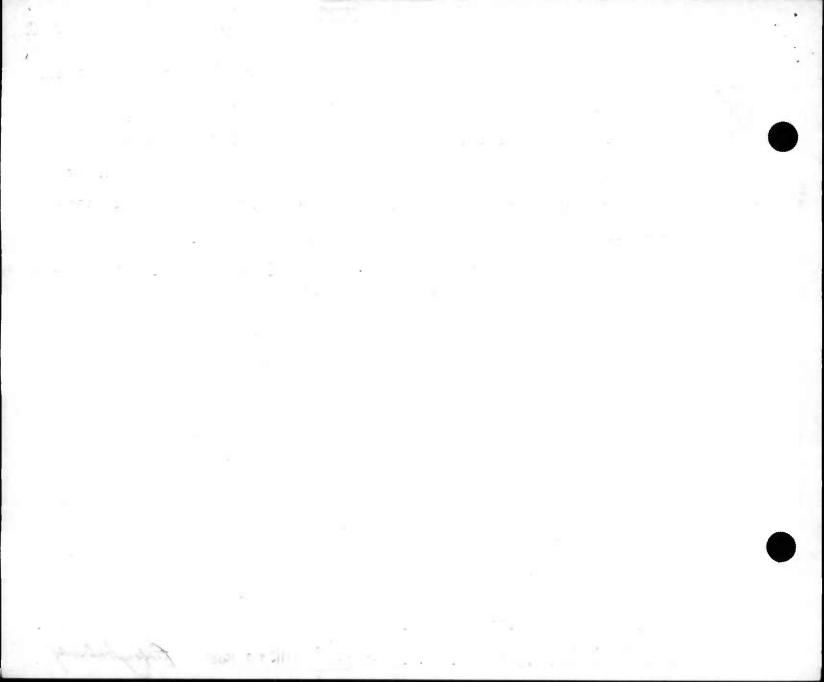
H. J. TORINGTON CO., FRIED., M. 'AUG 5 1980 Prophalogy

5 [1	FOR  STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAI CERTIFICATE OF DEATH	REG. NO.	9690
	ECEASED NAME	WIDE	LAST	to DAIL OF DEATH	DAY YEAR 26. HOUR
-	KENN		OMINGS	8-23-80	8:15 m
3 SE		WHITE	5. DATE OF BIRTH MONTH DAY 09 03 04	TE VDC	W UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
7a. F	MALE BIRTHPLACE (STATE OR FOREIGN	7 CITIZEN OF WHAT COUNTRY?	1	BALTIMORE CITY OR COUNTY	Y OF DEATH
35	MARYLAND	USA	MARRIED NEVER MARRIED	DALTO COUNT	
156	TOWSON	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION OF MEDICAL CEN	TER SELF-EMP.	12h. KIND OF BUSINESS OR INDUSTRY  GROOTR
/ 13a	JAL RESIDENCE (IF NURSING HOME OF STATE 136, COUP MARYLAND	OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW BALTI	/N134. INSIDE CITY LIMIT		ASSADOR AP
DO V	ATHER'S NAME VILLIAM	MDDLE OWING	IS MOTHER'S MAIDE		McDANIEL
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		ADDRESS	
event, the	NO	578 01	0662 MRS. M	ILDRED M. OWIN	GS SAM!  L RETWEEN ONSET AND DEATH
ury, or other traumatic	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE CALLED TO TO TO THE SPIRA CONSEQUENCE CALLED TO THE CALLED	<sup>E</sup> ĽŰŃG	OST LEFT PNEUMON	
To 18 shows any inj	110 DATE OF OPERATION		DEATH BUT NOT RELATED TO THE	200 AUTOPSÝ? 200. IF YE IN CERTII	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
T / .	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	110	AY YEAR	CCURRED (ENTER NATURE OF INJURY IN ITEM 18, I	PART 1 OR PART 2]
MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
617 7	220.1 certify that +H (this haspi saw the deceased alive an above 1111-1111 fellowed and	tal) attended the degree of from _ 19 _ 19 _ 19 _ 19 _ 19 _ 19 _ 19 _ 1	811	80 , to 8/23 Dinian death occurred on the date and have	19_80_, that (t) (we) last or and from the causes stated
= :	22h SIGNATURE PLACE	T.	DEGREE ATTENDII PHYSICI		8-23-80
MPORTANT	P.J. PATEL		G.B.M.		RLES ST. 212
_ 236.	BURIAL, CREMATION, REMOVAL (SPECEY) REMATION	8/25/80	NAME OF CEMETERY OR CREMATE SREENMOUNT	BALTO.,	COUNTY STATE
25M 1/79	ONERAL DIRECTORHENRY	Y W. JENKINS AD BALTORS,	% SONS CO 34 MD. 21212	ALIG 25 1980	RAR'S SHENATURE

2 / 37 MARYLAND USA WEST TO COUNTY TOUSON SERVICE WALTE SELECTED SELECTIONS. CORO DER AMBASSADOR APT MASYLAND BALTIMORE >> CANTERBURY RD. at Cast S WILLIAM M. CWINGS EMMA McDANIEL 578 01 0662 MRS. MILDRED M. OWINGS SAME TENT AND TENS LINE 5./-P.J. EFEL, B.H. \_ \_ \_ E.S.H.O. STOTI D. GIAPLES ST. \_ 2124 OI WE CREMATION 8/28/80 CREENWOUNT HEMRY W. JENKINS & BONG CO.

01,	FOR - STATE		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG	IENE 8 0	1969
I DE	REGISTRAR ECEASED NAME A FIRS	INE	CERTI ANDRE	PLAST OF DEATH ARKER	REG. NO.	23 - 80 75
3 SE	F	4 RACE	ove "8	OF BIRTH TH DAY YEAR -23-1908	6 AGE (IN YEARS LAST BIRTHOAY) 72 YR	MONTHS DAYS HOURS
35	SIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	USA	WIDOW		BAltimore CITY OR COUNTY O	County
\$55	Randallstown	Baltin		neral Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING SECRETARY	GUFE) 12h KIND OF BUSINES INDUSTRY Volk Printi
35 M	laryland Ba	ome or other institution COUNTY Ltimore	13t. CITY OR TOWN Catonsville	134 INSIDE CITY LIMITS? YES ☐ NO 🖔	13. STREET ADDRESS 1201 Keithmor	nt Road
230 IA F	Walter Walter	H. MIDDLE	aylor	15. MOTHER'S MAIDEN NAV	WIDDLE	Zepp
E   100	WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) (IF YI	S. ARMED FORCES? ES, GIVE WAR OR DATES)	144 SOCIAL SECURITY NO. 219-07-5363	MIS. YVONDE	Lovelace, 1201	Keithmont Rd.
n 18 shows any injury,	PART 2 OTHER SIGNIFIC		ONTRIBUTING TO DEATH BU		INAL DISEASE OR CONDITION  200 AUTOPSY? 206. IF IN CEI	GIVEN IN PART 1(0) YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH
- A ( ) ( ) ( )	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR A	OF INJURY M. MONTH DAY YEAR	21c HOW INJURY OCCUR	YES NO	YES NO
narked or Ite	214. INJURY OCCURRED  WHILE NOT WHILE AT WORK	LAT MOME C	OF INJURY TREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STA
m 21 is r	22a. I certify that (1) (this sow the deceased all above [1] (we) (did) (	ve on	23 19 80	and that in (my) (our) apinion of	to 8-23 death occurred on the date and	, 19, that (I) (we have and from the causes stat
ANT: If the	22h. SIGNATURE	Killy		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SIGNED
5 A	224 PHYSICIAN'S NAME	TYPE OR SELECT		224 ADDRESS ZOF	IMPERALACE	1 / 1 / Com
PORT	VUNDYA	TLAV. R	RED DY.	RONDALLS	rown; MD	4 GEN HASP
230	BURIAL, CREMATION, REMO (SPECIFY) BUTIAL	TLA V - K OVAL   23b. DATE   8/26/	80 Baltim	RONDALLS CEMETERY OR CREMATORY OF National	23d. LOCATION CITY OR TOWN Baltimore, E REC'D. BY REGISTRAR 25b. REC	county STAT Marylan

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TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician.

executed within 24

	1			STA	TE OF MARYLAND					
6	FOR STATE REGISTRAR				HEALTH AND MENTA FICATE OF DEATH	1	8 0 REG. N	10	9 6	9 3
P	1. DECEASED NAME	FIRST	MIDDLE		LAST	20. D	ATE OF DEATH	MONTH [	DAY YEAR	2b. HOUR
ge 3		EVELYN	.1	PA	RKFR			8 1	6 1980	3:00 AM
er de	3. SEX	4 RA		5 DATE	OF BIRTH		E (IN YEARS LAST OF		IF UNDER 1 YEAR	IF UNDER 24 HRS
s aft	FEMALE	B	LACK	11	2 10		69	YRS.	MONTHS DATS	HOURS MIN.
SEed at	MARYLAND	OR FOREIGN 76 CT	TIZEN OF WHAT COL	JNTRY? I MARRI	ED NEVER MARRIE		BALTIMORE CITY			MD
<b>M</b> ) \$56	10 CITY OR TOWN OF	10	F NOT IN SUCH FACILITY GI	NURSING HOME	OR OTHER INSTITUTIO	DN 12a L ITYPE	USUAL OCCUPAT OF WORK FOR MOST	ION	12b. KIND OF	BUSINESS OR
be fin	USUAL RESIDENCE IN			ICE BEFORE ADMISSION	)		TREET ADDRESS			
E E	MARVIAND	130 COOI411	BALT1		YES WY NO			CAREY_	CTDEET	
and 2 should I	14 FATHER'S NAME STEVEN	MIDDLE	JOHN		15. MOTHER'S MAIDE	ENNAME	WIDDLE		DIGGS	7
n and comple Pages 1 and 2	160 WAS DECEASED I			AL SECURITY NO.	17 INFORMANT ANNA DATO	CHER 1	ADDR 1913 RUX		E.	
ne signed by the attending phy Then please remove carbon page r to burial, cremation, or remove ny injury, or other traumatic e	Conditions, if gave rise to cause (a), underlying (a)	ony, which immediate stating the ause last	DUE TO, OR AS A CO	nsequence of ary to hy	ypertensive	ılar di	sease			MATE INTERVAL MISET AND DEATH
ficate has be nsit permit. Hygiene prion 18 shows a	19a DATE OF OF	PERATION	96 CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED		AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES ( S X	
physician. is certificat ial-transit p lental Hygin or Item 18	00.000.000.000.00		16. TIME OF INJURY HOUR A.M. MON P.M.	TH DAY YEAR	21c HOW INJURY O	OCCURRED (E	NTER NATURE OF INJU	JRY IN ITEM 18, P	ART I OR PART 2}	
After this the burish and Me	(IF EITHER, NOTIFY, 214 INJURY OC WHILE AT WORK		10 PLACE OF INJURY AT HOME, STREET, FACTORY		211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
ECTOR: for use as of Heali	saw the de	ceased olive on ve) (did) (did nat) view	7 8/ ID	_19_OU	and that in (my) (aur) o	pinian death	occurred an the o	date and have		hat (I) <u>(we)</u> lost auses stated
AAL DIR Betached tate Dept NT: If It	22h Serriya	C. K	loon, n	-	DEGREE ATTEND PHYSIC		DICAL STA		274 DATE S	
retained by the TO FUNERAL should be deta with the State IMPORTANT:	Charl	es C. Brow	m, M.D.		GBMC-	6701 N	CHARLE	s ST.		
BP	230. BURIAL, CREMAT		8-20-80		S MEM. PK.	E	ALTIMORI		MARY	
DHMH-16 25M (VRA 15, 4) 1/79	24 FUNERAL DIRECTO	L. PHILLII		MONROF		So. DATE REC'I	2 1980	Right	y Mell	IRE .

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	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYGIENE 8 0	19694
~		CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	IR DATE OF DEATH MONTH	DAY YEAR 26 HOUR
訓 )		CAR	RIE PA	YTON	AV5. 8	1980
	J. SE		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
000	2.0	)	W	11/30/94	85 YRS	
- EO2	/R B	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	MARRIED   NEVER MARRIED	BALTIMORE CITY OR COUN	
50	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL NUI	WIDOWED DIVORCED	12r USUAL OCCUPATION	120 KIND OF BUSINESS OR
20		DOLE RIVER	F NOT IN SUCH FACILITY, GIVE ST	REET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING	INDUSTRY
	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION)	113	
35	130	MD 136 COUR	A	OWN 131. INSIDE CITY LIMITS	53 TORQUE	E WAY
exa	14. F/	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN		LAST
330		ROWE W.	PEYTON	MARTE	A BREED	EN
e med		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL S	4.5	ADDRESS	A 5
it, the		No	414/	4 4302 MARY	HEWITT	ABOUE
even		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b)	, and is	0 1/ 0 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			TE CAUSE (a)	William an	all vascular )	Mar
3		4027	DUE TO, OR AS A CONSE	QUENCE OF D 12 -	2-20	5 - 1 May 28 L
		Canditions, if any, which gave rise to immediate	(b)	sentrely wil	ugerein	
, or other		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	OUENCE OF		
Jury	10	PART 2 OTHER SIGNIFICANT (	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION (	GIVEN IN PART 1(a)
	o N		old	agl		
Shows	\ V	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY? 20h IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
2	CERTIFICATION				YES NO	YES NO
9		218. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		DAY YEAR TIC HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM I	8, PART 1 OR PART 2)
/	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	PM.	19		
	MED	214. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM-ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
5		AT WORK				
7		220 I certify that (I) (this haspi saw the deceased alive an		601	an death occurred on the date and h	
tem		abave, (I) (we) (did/) did no	t) view the body after death.		an dearn occurred on the date and r	27c. DATE SIGNED
± :-		Jan.	and Bless	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	QUL, 9/4
IMPORTANT:	1	274 PHYSICIAN'S NAME (TYPE O	PPRINT)	22e ADDRESS		11 11
O L		I KVING	R. BECK	(M)) 901 FulB	LAGE AVBU	IT. MAZIL
	23a. (	JURIAL, CREMATION, REMOVAL	13h. DATE 8/11/80	3c. NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY STATE
-	24 FI	INERAL DIRECTOR	1 -1 .1/00	HOLLY AILL	BALTO, N	1 D.
5M 1/79	4	NAME	ADDRESS		MUGI 3 1300 1 1 1	
.,,,	7	G. LONNE	hh/ 30	OMACE		N. Carlotte

STATE OF MARYLAND

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by the attending physicion and campletely filled in by the funeral director, page 3 ase remove carbonpapers. Pages 1 and 2 shauld be filed within 72 hours ofter death

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TO HOSPITAL OR ATTENDING PHYSICIAN: The etoined by the hospitol or attending physicion.

or attending physicion

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MEDICAL CERTIFICATION

710 FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the buriol-transit permit. Then please remove corbangape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

marked or Hem 18 shaws ony

IMPORTANT: If Hem 21 is

FOR

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
T. DECEASED NAME FIRST (TYPE OR PRINT) ALBE	et T.	PFEFFER	20. DATE OF DEATH MONTH	25, 80	26. HOUR 915 P
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HR
M	WHITE	DEC. 13, 1845	- 84 yrs	MONTHS DAYS	HOURS MIN
To. BIRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9. BALTIMORE CITY OR COUN	TY OF DEATH	
COUNTRY) VA.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTO.	co,	A

10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL			12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
PIKESVILLE	608 KAL	Sion (	AVE.	SHEET METAL	GLIFE) INDUSTRY ILED
USUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDE				
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MU. DA	LTO. 130PIX	PESVILLE Y	ES NO	13e. STREET ADDRESS 608 RALST	W AUE.
14 FATHER'S NAME		15.	MOTHER'S MAIDEN NAM	E	and the second second
FIRST	MIODLE DE C	FER	FIRST	MIDDLE	HUMMEL
CONSTANTINE	FFEI	FER	KATHARI	NA	HUMMEL
160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOC	IAL SECURITY NO. 17.	NFORMANT	ADDRESS	2000700
(YES, NO OR UNKNOWN) (IFYES, QIV	E WAR OR DATES)	057 0000	MPS EMMA	PEC FECD	SAME 21208
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L III-01-004/12 EMPH PEPER	
AUSE (0)	APPROXIMATE INTERVAL
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DUE TO, OR AS A CONSEQUENCE OF Concurrent of the prostot	x 3 /25
	DUE TO, OR AS A CONSEQUENCE OF

Part 2 Other significant conditions contributing to death but not related to the terminal disease or condition given in part 1161  Pulmonary imphyseman							
	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	206. IF YES, WERE FINDINGS USED			

140 DATE OF OPERATION		198 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200. AUT		IN CERTIFYING CAUSES OF DEAT			
		14111180ACAL			YES 🗌	NON	YES 🗌	NO 🗌		
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH D	DAY YEAR	21c. HOW INJURY OCCURRED	) (ENTER NA	ATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2	)		
	I IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19							

21d. INJURY OCCURRED WHILE IT NOT WHILE IT	21e. PLACE OF INJURY   AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET		CITY OR TOWN	COUNTY	S
220.1 certify that (1) (this haspital)	attended the deceased from	Jan 10	58	25 aug	10 80	, that (I)_

	270.1 certify that (1) (this haspital) attended the deceased of sow the deceased alive on obove, (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	rom 19 , ond that in (my) (cor) opinion death o	occurred on the date and hour and from the causes stated
1	221 CICNIATURE	DECDEE	22. DATE SIGNED

	obove, (1) (we) (and) (did not) view the body ofter death.	, one man in (in) group opinion acom accorded on the date of	the most one from the cooses stored
į	22b. SIGNA URE	DEGREE	22c DATE SIGNED
i	1 1 1 aun	ATTENDING MEDICAL STAFF	n / / West

ı	TE PHI SICIAIN SINAME (TYPE OR	PRINT)		
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land	10-0030.000	-112

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30. BURIAL, CREMATION, REMOVAL	23h DATE	23c NAME
CTOSCIEVI .		

23c. NAME OF CEMETERY OR CREMA					
11.000011. 7/ 1	TOR	MATOR	RY OR CREM	VAME OF CEMETER	23c. N
I CARLEINIE VOOR	1	·V	Vani	PREGINE	16

23d. LOCATION

DHMH - 16 50M 7/77
(VR A 15 (4))

24. FUNERAL DIRECTOR
NAME
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Ser m	130	AL RESIDENCE (IF NURS STATE (aryland	13b COUP		Baltime	N	13d. INSIDE CITY YES M	LIMITS?	13e STREET ADD 2818	RESS			
×	(4. E/	ATHER'S NAME		-20			15 MOTHER'S M		WE				
ica /		Michae		MIDDLE	E1mo		Ros		MH.	DDLE		Ma	las
med and	160 V	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT			ADDRESS		116	Las
the .	L.	YES, NO OR UNKNOWN)	(# YES, GIVI	E WAR OR DATES)	213-14-	3686	Michael	1 B.	Phoebus	3801	Bay	ronn	e A
ury, or other traumatic e		PART I. DEATH W	which nediate g the last.	DUE TO, O	OR AS A CONSEQUI CARCINO OR AS A CONSEQUI	ENCE OF	METASTA	CAEC ASES	UM WITH				YRS
vgiene prior to bu	RTIFICATION	PART 2 OTHER SIGN	NOI	196 COND	ITION FOR WHICH		N WAS PERFÖRM	NED	200 AUTOPSY	? 206. IF	YES, WER RTIFYING YES []	RE FINDIN CAUSES	NGS USE
or Item	AL CE	218: ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DEA	HOUR A	.M. MONTH D	AY YEAR	710 HOW INJUI	KY OCCURR	RED (ENTER NATURE	OF INJURY IN ITEM	18, PART 1 D	R PART 2)	
markedo	MEDICAL	21d. INJURY OCCURE WHILE NOT WE AT WORK AT WO	HILE C		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION		CITY	OR TOWN	co	DUNTY	S
m 21 is r		220 I certify that (I) saw the decease above, (f) (we) (c	(1 <b>)(: )(%)</b> ed,9[ivs,91	XoX attended 1	16/80 19	08/1	4/80 d that in (my Xa	19 VXopinian c	ta08				that (I) t
f It		22% SIGNATURE	11	11	1		DEGREE				2	2c. DATE	SIGNED
<u>:</u>		1	In	90			ATTI	SICIAN X	MEDICAL DIRECTOR F	STAFF HYSICIAN		08/	16/
TA	1	224 PHYSICIAN'S NA		. , , , , , , , ,			22e ADDRESS						
MPORT		DR.	АНМ	ED S.	SHAFIK		6701 N	V. CH	ARLES S	T. BA	LTO	MD	212
5 =	23o. 1	BURIAL CREMATION	REMOVAL	236 DATE	23r t	NAME OF C	EMETERY OR CRE	MATORY	23d LOCATIO	N			

3801 Bayonne Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 YRS. CONDITION GIVEN IN PART To 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ FINJURY IN ITEM 18, PART 1 OR PART 2) OR TOWN COUNTY STATE 19 80 that (1) twe last he date and hour and from the courses stated 22c DATE SIGNED STAFF ATTENDING MEDICAL 6/80 PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME THE OFFENT 22e ADDRESS DR. AHMED S. SHAFIK CHARLES ST. BALTO MD 230. BURIAL, CREMATION, REMOVAL 23d LOCATION 236. DATE 23c NAME OF CEMETERY OR CREMATORY Burial CITY OF TOWN Baltimore Md. 8/20/80 Gardens of Faith Overlea 250. DATE REC'D. BY REGISTRAR 256 AEGISTRAR'S AIGNATURE 24 FUNERAL DIRECTOR Lassahn Funeral Home 7401 Belair Road

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR

126. KIND OF BUSINESS OR

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FOR

- STATE

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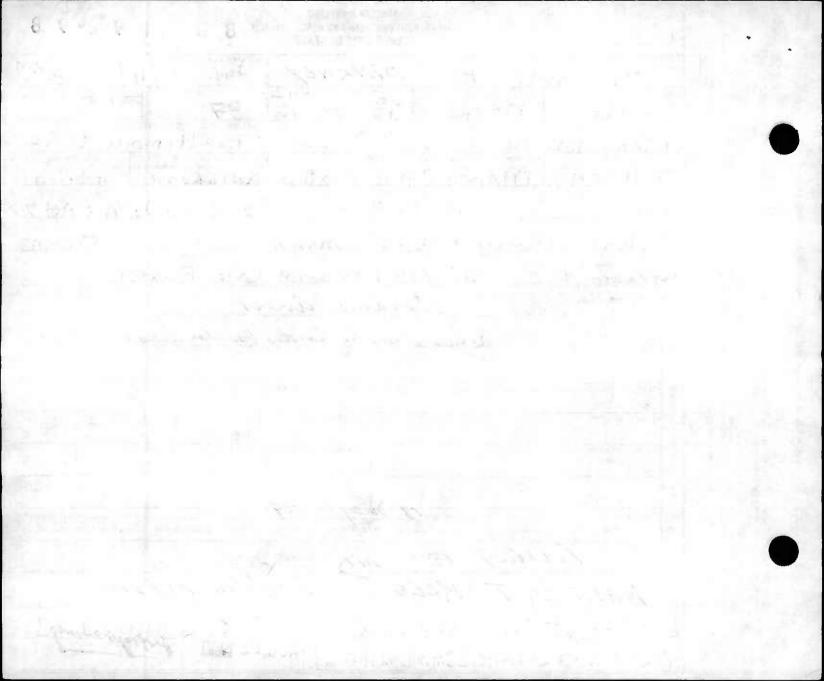
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equires that the death certificate in signed by the ottending physic. Then please remove carbon paper to burial, cremation, or removal injury, or other traumatic event, t	NOI	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE								MATE INTERVAL DISET AND DEATH
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TAL OR A by the hosp the hosp the hosp detoched stote Dept.  NAT: If Item		MBC	Land	Lun				MEDICAL STAI		22t. DATE	SIGNED
TO HOSPITAL Fetoined by il TO FUNERAL Should be det with the Stote		224 PHYSICIAN'S NAME (HIECO	PRINTS			22e. ADDRESS					
404" × ×	23a. E	BURIAL, CREMATION, REMOVAL SPECIFY)  Removal	23b. DATE 8/2/80	23c N	AME OF CE	METERY OR CREMA	ATORY	23d. LOCATION CITY OR TOWN	<b>71</b> ,	COUNTY	STATE
DHMH - 16 60M 1/75 (VR A 15 (4))		UNERAL DIRECTOR Anatomy Board		ADDRESS ]	Balto.	, Md.	AU C	7 1980°	25b. RESTR	AR'S SICHAL	Cready

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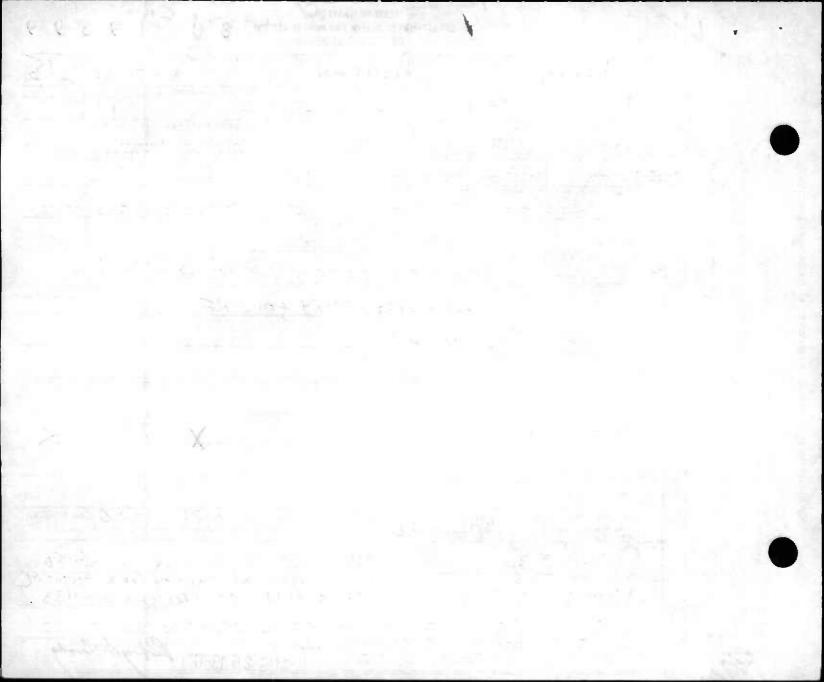
FOR STATE REGISTRAR	ŧ		ALTH AND MENTAL HYGIE CATE OF DEATH	NE 8 0	196	98
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3 SEX	le neg	LABOR	BIRTH 1892 1	AGE (IN YEARS LAST BIRTHO	MONTHS DAYS	
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10 CITY OR TOWN	SON MAR	OSPITAL, NURSING HOME OF FACILITY, GIVE STREET ADDRESS)		20 USUAL OCCUPATION BALL ROLL		LROAD
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THE FATHER'S NAME OF THE STREET OF THE STREE	n Henry	Pinkney	EMM A	ADDRES	7	homas
the Manager	NOWN) (IF YES, GIVE WAR OR DATES)	717-07-6531	Manol	0	unton	XIMATE INTERVAL
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ਰੂ ਤੁਰਾਦ rise	, if any, which to immediate stating the DUE TO, OR A	AS A CONSEQUENCE OF	The Carelia	Cascular a	lisiane g	leau
	HER SIGNIFICANT CONDITIONS <u>CON</u>	TRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMIN	AL DISEASE OR CONDI	TION GIVEN IN PART 1	(a)
STORY OF THE CONTRACTION OF THE	FOPERATION 196 CONDITION	ON FOR WHICH OPERATION	WAS PERFORMED	20e AUTOPSY? YES NO	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH? NO []
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230. BURIAL, CREA	BMENT Augiy	1980 ARbutu	MEMORIAL	ARbutus	Basto Se	heretand.
6 25M 4) 1/79	Il W. Jones Je/410	1 Edmonds on 1	TVE Md. null	1-2 7000 makes	STATE SIGNA	TORE

STATE OF MARYLAND



•	er death. Page 4 may be
TIMORE, MARYLAND 21201	9 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be ained by the hospital or attending physician.
JIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	requires that the death certifica
DIVISION OF VITAL RECOR	TTENDING PHYSICIAN: The law al or attending physician.
	TO HOSPITAL OF ATTENDING PHYSICIAN retained by the hospital or attending physician.

· Je	1.	FOR - STATE REGISTRAR	DEPARTI	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 0	19699
age 3		CEASED NAME FIRST	MIDDLE	3 1	GMAN	26. DATE OF DEATH	8-21-80 6 PM
rector, pag irs after de once.	3. SE	× F	1 RACE GAVE	5. DATE MONT		4 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.  YRS.
uneral dir		IRTHPLACE (STATE OR FOREIGN OUNTRY)  Canada	76 CITIZEN OF WHAT COUNTRY?  USA	MARRIE WIDOW	ED NEVER MARRIED C	Baltimore City C	e County of DEATH  MD.
by the fuel within		ndallstown	11. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET Baltimore County	ADDRESS)		12e USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Seamstres	ION 12b. KIND OF BUSINESS OR INDUSTRY
y filled in ould be fill arminer mu	USU 136.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL Bal)	or other institution, give residence befor UNIY 13c CITY OR TOW timore Pikesvi	admission 22e	134. INSIDE CITY LIMITS? YES NO XX	13. STREET ADDRESS 105 Su	dbrook Lane 21208
ompletely and 2 sho	14. F/	ather's name Joseph	MODLE MacDon	ald	15. MOTHER'S MAIDEN NAM	WIDDLE	McDonald
ricate be executed by sician and compers. Pages 1 and compand.	16a \	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI NO —	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 212-05-9		17 INFORMANT Mr.	Francis J pad, Pikesv	ESS Plogman ille, MD 21208  APPROXIMATE INTERVAL  EST VERN ONSET AND DEATH
w requires that the death ceres in signed by the attending p. Then please remove carbon p. 1 to burial, cremation, or ret. ny injury, or other traumati.	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO	D .		INAL DISEASE OR CON	DITION GIVEN IN PART 1/01
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ng physicia rthis certific burial-transi d Mental Hy	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED	HOUR A.M. MONTH D. P.M. 210 PLACE OF INJURY	19	216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	
y the hospital or attending the hospital or health an INT: If Item 21 is mark	2	sow the deceased alive a obove, (1) (Ive) (did) (did n 22b. SIGNATUITE	not) view the body after Beath.	<u></u>	nd that in (my) (our) opinion of	death occurred on the d	ote and hour and from the causes stated  22c DATE SIGNED
TO FUNE should be with the S	23a.	PHYSICIAN'S NAME (1111)  VUNDYACK  BURIAL, CREMATION, REMOVA	U REDDY	NAME OF C	OCHOURT R'	D. RANDI	NETONN - 21133.
BP DHMH-16 25M (VRA 15, 4) 1/79	(	Burial		ke Vi	ew Memorial Pk tors, P.Aps. DATE	Sykesvi	tte carroll MD



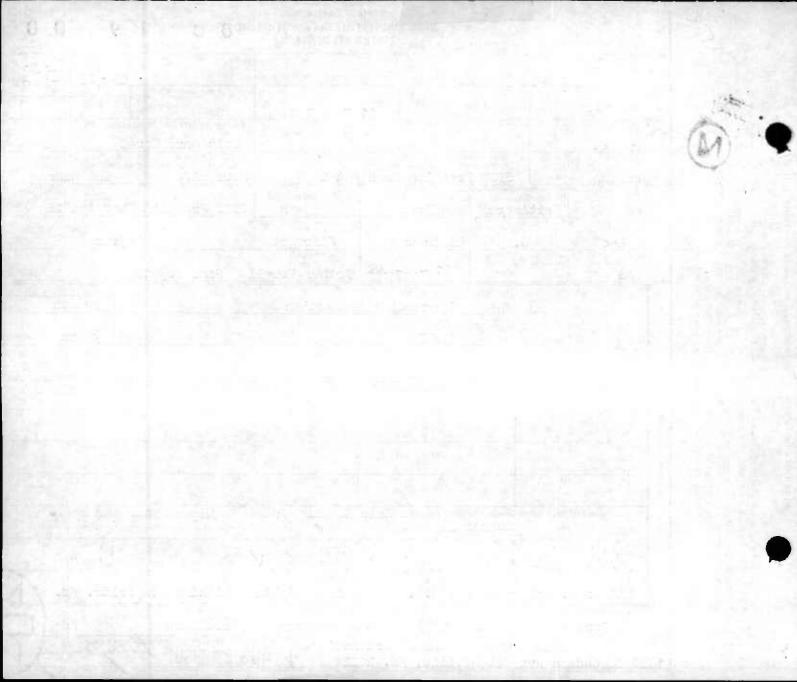
IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE (

DECEASED NAME   FROST   MIDDLE   LOSS   DATE OF DRATH   MORE   DATE OF DRATH   DATE OF DRATH   DATE OF DRATH   DATE OF DRATE   DATE OF DRATH   DATE OF DRATE   D	1	- STATE REGISTRAR			ve. Ann	CERTIF	ICATE OF DEAT	Н	REG. N	0.	, ,	0	,
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SEX			CARRIE		Ε.	F	OWELL			8 -	29 - 80	5	AM
To Birthplace   State Deformed   To Citizen of what country   To Citizen   To Citizen of what country   To Citizen	3. St	EX		RACE	The last			EAD	6 AGE (IN YEARS LAST BIRT				
Modian   Name		Female	116.14	Whit	е	1			69		MONTHS	HOURS	MIN
MID.    MID.   USA			FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRI	IED [	9 BALTIMORE CITY O	R COUNTY	OF DEATH		
Woodlaum   S900 Franklin Road   Apt 2B	4		15	USA					Baltimore	Coun	ty		ME
Woodlawn	10. 0	CITY OR TOWN OF DE	ATH 1				OR OTHER INSTITUTION	ON				F BUSINES	S OR
Md Baltimore Woodlawn YES NOW 5900 Franklin Road Apt 2B    In FATHER'S NAME	u	Joodlawn					Apt 2B			r workii46 [ir		lome	
Md Baltimore Woodlawn YES NOW 5900 Franklin Road Apt 2B    In FATHER'S NAME	130	JAL RESIDENCE (IF NUR	SING HOME OR C	THER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	1124 INSIDE CITY HA	AAITS2	13. STREET ADDRESS				
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18 CAUSE OF DEATH :Enter only one couse per line for 101, lib., and ic		WAS DECEASED EVER	IN U.S. ARM	ED FORCES?	166 SOCIAL SECU	PRITY NO.	17. INFORMANT		ADDRE				
18 CAUSE OF DEATH (Enter only one couse per line for io), (b), and (c)			(IF YES, GIVE V	VAR OR DATES)	214-74	-9363	Arthur P	owel	1 Same as	s #13			
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OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  NOTIFY MEDICAL EXAMINER)  21e PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION  STREET  CITY OR TOWN  COUNTY  STATE  22e. L certify that (I) (this hospital) attended the deceased from July 3, 1979, to August 29, 1980, that (we) located and source of the date and hour and from the couses stated above. (I) (we) (did) (did not) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF  PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN B/29/80  22e. ADDRESS	THE			-									17
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PHYSICIAN DIRECTOR PHYSICIAN B/29/80  224. PHYSICIAN'S NAME (TYPE OR PRINT)  226. ADDRESS		III SIGNATURE	The Signature								22c. DATE	SIGNED	
226 ADDRESS		MK Hallager, Ch									8/29/	80	
Wilmer K. Gallager, Jr. M.D. Pine Heights & Wilkins Ave Balto. Md.								J DIRECTOR III THISIC	Jan L	0/23/	00	- >	
		Wilmer	K. Gal	lacer.	Jr. M.D.		Pine Hei	ahts	& Wilkins	Ave E	Balto.	Md.	
23a BURIAL, CREMATION, REMOVAL 23b DATE 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION	73e												
Burial Sept. 2 1980 Western Cemetery Baltimore Md	230	(SPECIFY)							Baltimore	3			E
24 FUNERAL DIRECTOR Witzke Funeral Homes of Catonsville NAME NAME	24 1												
1630 Edmondson Ave Catonsville, Md. 21228 AUG 29 1980							DIIZATTIE	AL		per	Fry MO	Gready	1

1630 Edmondson Ave Catonsville, Md. 21228

DHMH - 16 60M 1/75 (VR A 15 (4))



LOCATIONS OF THE PROPERTY OF		1 -	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND RENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH:	REG. NO.		101
Je BIRTHPIACE SIATE DATORION  JE CHIZEN OF WHAT COUNTRY?  MARRIED MODEL  JE CHIZEN OF WHAT COUNTRY?  JE CHIZEN OF MOST AND THE MODEL  JE CHIZEN OF WHAT COUNTRY?  JE CHIZEN OF WHAT COUNTRY OF WHAT		(TYPE	ORPRINT) Fela	X E.	Poyet	2	8/15/	80 6 AM
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THE CAUSE OF DEATH LETTER ONly one coure per line for 101, 161, and 161.   The Was Deceased ever in u.s. armed forces?   186 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   186 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   186 SOCIAL SECURITY NO.   18 INFORMANT   ADDRESS   18 INFORMANT   19 INFORMANT   ADDRESS   18 INFORMANT   ADDRESS   18 INFORMANT   19 INFORMANT	35	13a S	MO. BAL	ITY I I I L CITY OR TOW	126 YES NO S	628 BRA	ESIDE	RD
Test may be determined   The rest of the mode of the state of the st	0		ANTHONY	POYA	ET RITA	WIDDIE	GAL	LIENE
PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (0), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (0), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  L(c)  PART 2 OTHER SIGNIF (CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART. 1(0).  PART 2 OTHER SIGNIF (CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART. 1(0).  PART 2 OTHER SIGNIF (CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART. 1(0).  PART 2 OTHER SIGNIF (CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART. 1(0).  PART 2 OTHER SIGNIF (CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART. 1(0).  PART 2 OTHER SIGNIF (CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART. 1(0).  PART 2 OTHER SIGNIF (CANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART. 1(0).  PART 2 OTHER SIGNIF (CANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART. 1(0).  PART 2 OTHER SIGNIF (CANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITIONS TO THE TERMINAL DISEASE OR CONDITI	1			war or dates)  W. T. 212-09-5	8624 MARY POY		RAESII	DE RD
OR CONTRIBUTING CAUSE OF DEATH  (IF ETHER, NOTEY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE ALWORK ALWORK [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.]  22a I certify that (I) (this haspital) attended the deceased fram  Sow the deceased clive on obave. (I) (we) (did) (did not) view the body after deoth.  22b SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECT		7	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT C	D BY: E CAUSE (a) Chrom  DUE TO, OR AS A CONSEQUE  (b) SThurg  DUE TO, OR AS A CONSEQUE  (c)	NCE OF		ITION GIVEN IN B	3 ум.
OR CONTRIBUTING CAUSE OF DEATH  (IF ETHER, NOTEY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE ALWORK ALWORK CALVER AND ALWORK COUNTY  22a I certify that (I) (this haspital) attended the deceased from alwork county opinion death occurred on the date and hour and from the causes stated obave. (I) (we) (did) (did not) view the body after death.  22b SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR	2	TIFICATION		196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE	AUSES OF DEATH?
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22d PHYSICIAN'S NAME (TIPE OR PRINT)  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA			sow the deceased alive on abave, (1) (we) (did) (did no		ond that in (my) (our) opinion		te and hour and fr	om the couses stated
			Dramer		MO. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICI		E DATE SIGNED
			_			Rolling Rd, Co	atowille	, rd ner
	9	24 FI	INERAL DIRECTOR NAME EBER FUNERI	ADDRESS ADDRESS	5311 ONDSON AVAAU	1000	Sh. BASISTRAR'S S	JENATURE

DHMH-16 25M (VRA 15, 4) 1/79

3 1 1 2 0 1 Felle E Payor 1 18 -11 601 5 100 11 11 THE HARD LAND TO BE STOWNED BY THE STANFORM OF ME FACILITY OF THE PARTY OF THE Mr. Beren Chongrue of Ser Perendo Roll Rolling A STANDAY OF THE POLICE OF THE PARTY OF THE TO STATE STATE SELF TOKEN TRANSPORTED TO A SELECT SELECTION OF THE SELECTI Note that the second of the se Park that the Test Artist Stand Protest and the WESTER FOR AND BOTH EPONGHES IN AUGUST BESTER FOR STANDING

STATE OF MARYLAND

Literal Commencer

# ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours retained by the hospital or

TO HOSPITA

DHMH-16 25M

(VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at more

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR			CERTI		REG. N		
	ECEASED NAME E OR PRINT)	SALLY (	SALLIE)	יוייהדוזקס	LAST		MONTH DAY YEAR	26 HOUR
1 00					25.010711	August 26		a Humpena
3. SE	emale	4/RAC	hite		DF BIRTH  11, 01897 YEAR	6 AGE (IN YEARS LAST BIR	MONTHS DAY	_
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Jo. C	andallstown	n (	Baltilmore	NURSING HOME GIVE STREET ADDRESS!	Gen'l Hosp.	120. USUAL OCCUPATI (1YPE OF WORK FOR MOST OF Retired sp:	OF WORKING LIFEL INDUSTE	OF BUSINESS
130	AL RESIDENCE IF NURS STATE aryland	13b COUNTY Howard	INSTITUTION, GIVE RESIDE	OR TOWN  COTT CTY	134L INSIDE CITY LIMITS?	13. STREET ADDRESS 10556 Fred	erick Rd	
	ather's NAME	iam Knis	ley	LAST	15 MOTHER'S MAIDEN N		T V	LAST
	WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED F		IAL SECURITY NO.	Harold Pru	tt 10556 Fr		
	410-	IMMEDIATE CAL		INSEQUENCE OF	with Duly	u marer	eden	yea
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TIFICATION	gave rise to imm cause (a), statin underlying cause	which mediate g the last.	DUE TO, OR AS A CO	ONSEQUENCE OF SOME YOUR TO DEATH BU	NOT RELATED TO THE TER	acci des  AID DISA  ACCI DES  MINAL DISEASE OR CON  200 AUTOPSY?  YES NO	DITION GIVEN IN PART  200. IF YES, WERE FINI IN CERTIFYING CAUS YES	DINGS USED
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	gave rise to imma cause (a), stating underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERA  21a, ACCIDENT WAS UNION CONTRIBUTING (IF EITHER, NOTHY MEDIC  21d. IN JURY OCCUR!  WHILE NOT WAT WORK  22a. I certify that (I)  saw the decease	which mediate by the last.  NIFICANT CONDITION  TION   DUE TO, OR AS A CO  (b)  DUE TO, OR AS A CO  (c)  OITIONS CONTRIBUT  9b CONDITION FOR  1b. TIME OF INJURY HOUR A.M. MON P.M.  1e PLACE OF INJURY AT HOME, STREET, FACTOR  1stended the decease.	ONSEQUENCE OF  ING TO DEATH BUT  R WHICH OPERATION  NTH DAY YEAR  19  Y  Y  OFFICE, FARM, ETC.)	216 HOW INJURY OCCU 211 LOCATION STREET  2019  nd that in (my) (aur) apinion DEGREE  ATTENDING	206 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES   WAY IN ITEM 18, PART 1 OR PART 2  WAY COUNTY  19 22c. DA	DINGS USED ES OF DEATH? NO  I  STATE	

14 FUNERAL DIRECTOR
Harry H Witzke 4112 Columbia RD Exticott City

AUG 2

250. DATE REC'D. BY REGISTRAR 256. BESISTRAR'S SUSNATURE

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## age 4 may be and completely filled in by the fune iges 1 and 2 should be filed within 7 within 24 hours af death certificate be executed TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and or should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. requires that ATTENDING PHYSICIAN: TO HOSPITAL OF ATTENDING PHYSICIAN retained by the hospital or attending physician.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event,

DHMH-16 25M (VRA 15, 4) 1/79

page 3 death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9 704

	V-	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG	IENE 8 0	1	9 1	0	4
ŕ	I DE	CEASED NAME FIRST		MIDDLE		AST	2. DATE OF DEATH		YEAR	26. HOU	R
ì	,,,,,,	116/146/	Valter	R	audki	vi	August 14	. 1980		7:51	ID M
	3 SE	x	4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HOAY) #	UNCER I YEAR	IF UNDER	-
	A	Male	White		OCT	t.8,1902 YEAR	77	YRS.	NTHS DAYS	HOURS	MIN.
1	7e BI	RTHPLACE (STATE OR FOREIGN OUNTRY) Estonia	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	Baltimore city o	R COUNTY C			MD.
1		TY OR TOWN OF DEATH	I IF NOT IN SUC	HOSPITAL, NURSIN HEACHITY, GIVE STREET A IN Square	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Cabinet	ON F WORKING LIFE)	12h. KIND C		
	13a S		OTHER INSTITUTION ITY IMOTE	GIVE RESIDENCE BEFORE 134. CITY OR TOW Parkville		13d. INSIDE CITY LIMITS? YES NOM	13. STREET ADDRESS 9951 Hi	11top	Dr		
G	14 FA	THER'S NAME  Karl	Stein	Raudkin	7i	IS. MOTHER'S MAIDEN NAME Annette	WE	М	ikotin	at k	
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE	SS			
	,	No		214-30-4	1691	Mrs Lilian	Esop	Same	- 1		
	7.1	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE (MMEDIAT Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE	NCE OF C Art	cic Cardiovasc	11/1/		BETWEEN	MATE INTER ONSET AND	DEATH
	NOI	PART 2 OTHER SIGNIFICANT O	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 10	01	
	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHIC			OPERATIO	N WAS PERFORMED	200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO			H?	
		?10. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)		M. MONTH DA	Y YEAR	SIC HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PAR	1 OR PART 2)		
	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TOW	/N	COUNTY	5.1	ATE
		228 I certify that (this haspi saw the deceased alive an above, v. (we) (did) (b)	August	12 1980		st. 12			80 . and from the		
		Pobet f	Tret	olen M	D	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	F IAN A	8-/	SIGNED 4-5	°0
1		POBERT		E to 1A			ranklin Squ	are Dr	ive 21	237	1
	23a E	BURIAL, CREMATION, REMOVAL	236. DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	CC	OUNTY	STA	ATE
		Burial	8/18	/80 I	Parkwo		Baltimor	e, Mar	land		
	24 FL	UNERAL DIRECTOR		ADDRESS		250 DATE	E REC'D. BY REGISTRAR	25h REPUSTRA	RS SHANA	JIRE .	
		Leonard J	Ruck In	c. Baltin	ore.	Maruland AU	G 1 8 1980	Prof.	7	way.	

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should be detoched for use os the burial-transit permit. Then please remove carbonpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony

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TO FUNERAL DIRECTOR: After this certificate has been

etained by the hospital or attending physicia

injury, or other troumotic

STATE OF MARYLAND

1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	U	O REG. NO.	1	9	1	0	6
	CEASED NAME	FIRST		NIOOLE	i	AST	2a. DATE OF D	EATH M	DAY	YEAR	26 HOU	JR	
(	OK TRIPATI	AILEE	N	Т.	REINHARDT			st 3,	]98	0		11:	17pm
3. SE	Jemale		RACE	elf	S. DATE (		6 AGE (IN YEAR	RS LAST SIRTHE	YRS.	MONTHS	R 1 YEAR DAYS	IF UNOFF	MIN.
C	RTHPLACE (STATEORI	Md.	Ц	WHAT COUNTRY?	WIDOWE			more	Cou	nty			MD.
Co		400	(IF NOTA SUC	HEACILITY, GIVE STREET	ADDRESS)	HOSP	12a USUAL OC					F BUSIN	ESS OR
13a.	AL RESIDENCE (IF NURS	136 SUNT		GIVE RESIDENCE BEFORE 13¢. CITY OR TOW		YES NO NO	130. STREET AD	DRESS	100	wel	2/1	LO (	, 0
	ATHER'S NAME Silas Tyle:	r "	DOLE	LAST		Mary Ali		NIDDLE			LAS:		
	WAS DECEASED EVER		NED FORCES?	219 14	2304	Mrs. Evely	n Ailee	address n Gra		-Dau	ught:	er	h
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only /AS CAUSED IMMEDIATE	BY:	line far (o), (b), and	d (c).) a	vost.				8	APPROXI	MATE INTE	RVAL DEATH
	Conditions, if ony		DUE TO, OI	AS A CONSEQUE	ENCE OF C	Pardio my	gue Ty				atyra		
	gove rise to imr cause (a), statir underlying cause	ng the	)	AC A CONCOUR	NICE OF	lewter Coud		ludi	rei	٠ (	u	def	-
NOI	PART 2 OTHER SIGN	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE									PART 1(c	) 1	
CERTIFICATION	19a. DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	N WAS PERFORMED	YES N		NCERTI	S, WERE FYING ( ES []			TH?	
G	210. ACCIDENT WAS UNI	CAUSE OF DEAT	216. TIME O HOUR A.	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATUR	E OF INJURY I	BI MATI M	PART I OR	PART 2)		D

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

P.M. 21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

211 LOCATION

STATE

COUNTY CITY OR TOWN

and that in (my) ( opinian death accurred on the date and hour and from the causes stated 22c. DATE SIGNED

22d PHYSICIAN

230. BURIAL, CREMATION, REMOVAL (SPECBURIAL)

22e. ADDRESS

DEGREE

John Hyle

220.1 certify that (I) (this hospital) attended the deceased from saw the deceased alive an above, (I) (was) (did) (did not) view the body after death.

23c NAME OF CEMETERY OR CREMATORY Parkwood Cem.

ATTENDING

23d LOCATION
Bartown Co.

MEDICAL STAFF
DIRECTOR PHYSICIAN

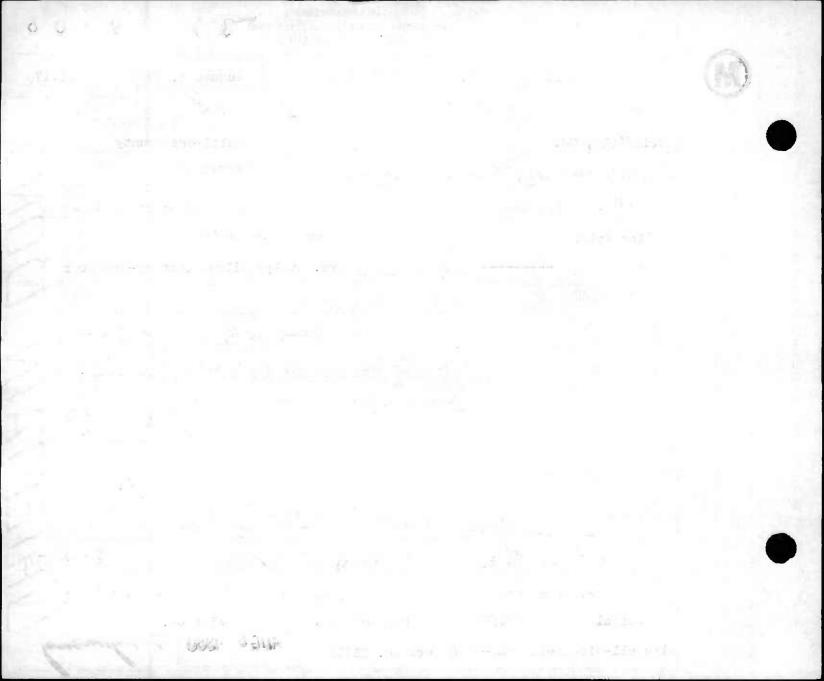
COUNTY STATE

74 FUNERAL DIRECTOR Mitchell-Wiedefeld Home-6500 \*York Rd. 21212

23b. DATE 8/6/80

PHANTERAR 256. REGISTRAPIS S

DHMH-16 30M 2/80 (VRA 15, 4)



FOR - STATE

(TYPE OR PRINT)

REGISTRAR DECEASED NAME

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? YES XX NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) occupant of motorcycle/motorcycle collision TO MEDICAL EXAMINER: THIS CE
EXECUTE THE CERTIFICATE, WRITIN
PAGE 4 SHOULD BE FORWARDER
TO FUNERAL DIRECTOR: PAGE 3
AFTER DEATH, WITH THE STATE DE
BALTIMORE, MARYLAND, 34201 PRI Ellenham Rd. 438'N. of Ruxton Rd. Ruxton, Md. and in my apinian Accident XX Suicide Homicide Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 8-6-80 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street ADDRESS (TYPE OR PRINT) 236. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Cockeysville, Balto. Md. 8-9-80 Dulaney Valley Mem. Gardens 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 251 SISTRAR'S SIGNATURE 1050 York Rd. DHMH - 17 (VR A15 ME (5)) Ruck Towson Funeral Home, Inc. Towson, Md. 212040116 15M 7/77

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE-

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2a. DATE

MEDICAL EXAMINER'S CERTIFICATE OF DE

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		082 (2) -000		
interest of the second of the				

10	1.	FOR STATE REGISTRAR	DEPARTI		IEALTH AND MENTAL HYC	SIENE 8 O	1 9	708			
		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YE	AR 26 HOUR			
	{ TYPE	Dorotl Dorotl	hy Stroud	Reu	ling	August	18, 1980	N			
	3. SE.	Х	4. RACE	5. DATE (		6 AGE (IN YEARS LAST BIR					
	7	Female	White	MONT	29 1929	51	YRS.	DAYS HOURS MIN.			
25		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	Baltim					
Ootified	10. C	Timonium	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 164 Springside	Driv	OR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Homema	OF WORKING LIFE) INDUS	ND OF BUSINESS OR			
equal 5	130. 3	Md. Bal		/N	134 INSIDE CITY LIMITS?		Timonio Igside Driv	um, Md. ve			
35C		ATHER'S NAME Frank C. Strou			15 MOTHER'S MAIDEN NA Ruth	MIDDLE	Ewell	LAST			
e medico	1	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, G)  NO	RMED FORCES?   16b. SOCIAL SECU NE WAR OR DATES)   215-28-		Lynda S. Re	Enchanted	21117 Hills Rd.  PPROXIMATE INTERVAL WEEN ONSET AND DEATH				
or other traumatic ever		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO OR AS A CONSEQUE	ENCE OF	HRY ARTER			EARS			
injury, or	N O	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0  HYPERTHYROIDISM									
9 gms ony	CERTIFICATION	190 DATE OF OPERATION		TION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?  20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA  YES NO YES NO NO				
PORTANT: If Item 21 is morked or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE FIF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE AT WORK AI WORK	Ain .	AY YEAR 19 FARM, ETC.)	211. LOCATION STREET	RED (ENTER NATURE OF INJU					
n 21 is mo		sow the deceased olive of abave, (I) (we) (did) (did n	n 19		nd that in (my) (****) apinion	death accurred on the d	late and hour and from	n the couses stated			
T. F		226. SIGNATURE	1 100 100 00	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF							
MPORTA			Somerville, M.	D.	26 W. Per	nsylvania A	Ave. Tow	son			

Lorraine Mausoleum

23c. NAME OF CEMETERY OR CREMATORY

STATE

23d. LOCATION
CITY OR TOWN

Baltimore, Marylan

23b. DATE

8/21/80

E. Lowell Lemmon, 10 W. Padonia Rd.

23a. BURIAL, CREMATION, REMOVAL

Entembra ent

STATE OF MARYLAND

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and c should be detached for use as the buriol-transit permit. Then please remave carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remaval.

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	1-	FOR STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 0	]	9 /	P
		CEASED NAME FIRST ORPRINT) Blanch	he	MIDDLE	Ris	berkof	20 DATE OF DEATH	8 3	AY YEAR	2b. F
1	3 SE>	(	4 RACE		S DATE (	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIRT	_	FUNDER I YEAR	IF UI
	3 01	FEMALE RTHPLACE (STATE OR FOREIGN		ITE	MAY	30, 1908	72	05.05.4314		
20		DUNTRY)		F WHAT COUNTRY?	MARRIED LI NEVER MARRIED LI		BALTIMORE CITY O			
	10 CI	MARY LAND	11. NAME O			ED XX DIVORCED DE OTHER INSTITUTION	BALTIMO	ON	12b. KIND O	F BU
55		RANDALLSTOWN	BAL	TO. COUNTY	GEN.		HOUSEWIFE	F WORKING LIFE)	AT HO	OME
35	13a. S		NE OR OTHER INSTITUTION OUNTY  LTIMORE	DN, GIVE RESIDENCE BEFORE 13c. CITY OR TOW BAITIMOR	N	134 INSIDE CITY LIMITS?	130 STREET ADDRESS 3208 GREEN	MEAD R	D. #21	120
	-	ATHER'S NAME	-	1		15 MOTHER'S MAIDEN NA	ME	TENED IC		
30		ISRAEL	MIDDLE	PELTZ		ELSIE	MIDDLE		FRIE	
,		VAS DECEASED EVER IN U.S.	ARMED FORCES	? 166 SOCIAL SECU	RITY NO.	17 INFORMANTMRS.	BERNARD EPPI	LIN		
		NO		217-26-3	627	606 KAHN DR.	(21208)	10 11	APPROXU BETWEEN O	
		Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost	DUE TO.	OR AS A CONSEQUE	NOTOF	tive ho	ant fas	dus	<i>a</i>	
	NOI	PART 2 OTHER SIGNIFICAL	NT CONDITIONS	CONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1(a	1
	Y	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDIN	
9	TIFIC						YES NO	169		
9	AL CERTIFIC	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	F DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	YEAR	71c HOW INJURY OCCUR				
99		OR CONTRIBUTING CAUSE OF	F DEATH HOUR INER) 21s PLAC	A.M. MONTH DA	19	211 LOCATION STREET		RY IN ITEM 18, PAI		
99	¥	OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAMINATION OF CURRED WHILE NOT WHILE AT WORK NOT WHILE Saw the deceased olive the deceased of the control of the cont	F DEATH HOUR INER)  218 PLAC (AT HOME.	A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F the deceosed from	19 ARM, ETC.)	211 LOCATION	CITY OR TOW	Y IN ITEM 18, PAI	COUNTY	
9	¥	OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAMS  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  27a.1 certify that (1) (this h	F DEATH HOUR  21e PLAC (AT HOME.  aspital) attended e an d not) view the box	A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F the deceosed from	19 ARM, ETC.)	211 LOCATION STREET  19 nd that in (my) (aur) apinion of DEGREE  ATTENDING	CITY OR TOW	YN	COUNTY	

DHMH-16 25M (VRA 15, 4) 1/79

DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO., MD

23a BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

236. DATE 8-31-80

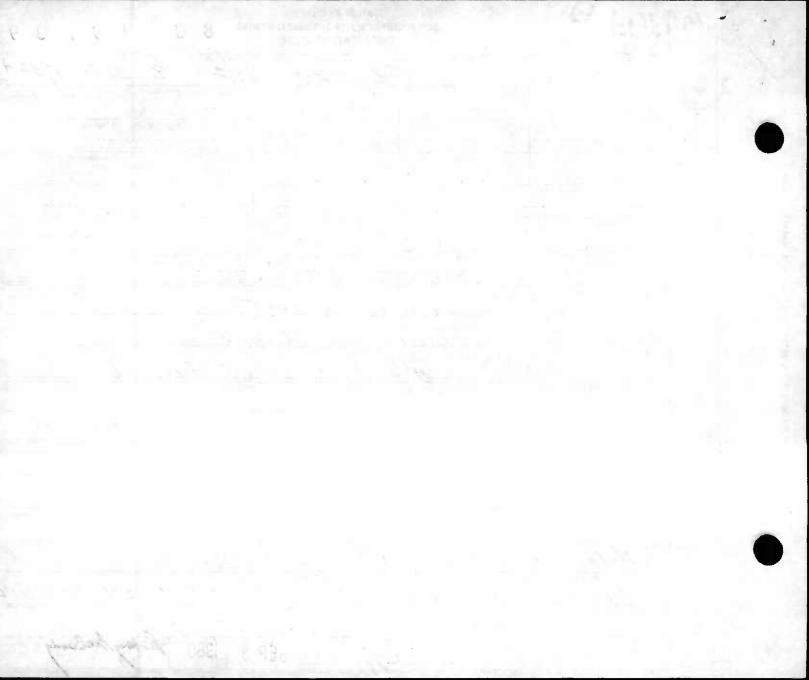
231 NAME OF CEMETERY OR CREMATORY

BNAI JACOB CONG.

BALTIMORE 21215 SEP 3 1980 PAR 121

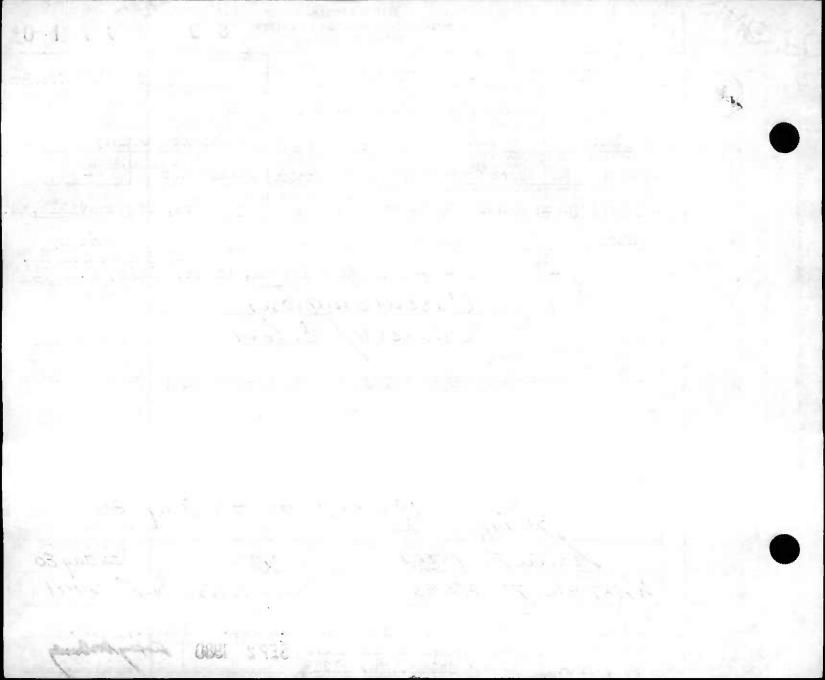
COUNTY

STATE MD



TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	1 -	FOR STATE REGISTRAR		STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	19710
_ ^		CEASED NAME FIRST	ABETH B.	RICKELS	2a DATE OF DEATH MONTH	24 1980 11:4500
M,	3 SE		4 RACE Caucasian	July 12°, 18°98	6. AGE (IN YEARS LAST BIRTHOAY)	WONTHS DAYS HOURS MEN
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY USA	1	Baltimore City OR COL	UNTY OF DEATH
of the not		TOWSON	11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STRE  MANOR CARE-RUS	ing home or other institution et address) xton Nursing Center	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Seamstress	12h, KIND OF BUSINESS OR
Jun mine	13a, S	TATE 136	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEF OUNTY 13c CITY OR TO EEN Annes Stev	ORE ADMISSION)	110 STREET ADDRESS	Stevensville, Mo
dical exar	14. FA	Anton	MDDLE Safra	nek MARY	WIDDLE	Navotny
event, the me	No.	VAS DECEASED EVER IN U.S (ES, NO OR UNKNOWN) (# YES)	s ARMED FORCES? 146 SOCIAL SEC s, GIVE WAR OR DATES) 214-01		ADDR <b>29</b> 0 cas, niece, Be	Of Creswill Rd. elair, Md. 21014
vs any injury, or other traumatic	ATION	Conditions, it ony, whice gove rise to immediate couse (a), stating the underlying couse los PART 2 OTHER SIGNIFICATION	DUE TO, OR AS A CONSEQUENT OF THE CONDITIONS CONTRIBUTING TO	icery CVI	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
Item 18 shows	L CERTIFICATION	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (			YES NO NO RRED (ENTER NATURE OF INJURY IN ITE	ERTIFYING CAUSES OF DEATH? YES NO MORE NO MORE NO NO MORE NO
narked or I	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	19 211 LOCATION STREET	CITY ON TOWN	COUNTY STATE
T: If Item 21 is n		saw the deceased aliv	hospital) attended the deceased from the angle on the state of the sta		n death occurred on the date one  MEDICAL STAFF DIRECTOR   PHYSICIAN	thour and Irom the couses stated  22c DATE SIGNED  25 Aug BO
IMPORTANT		WALTE	TYPE OR PRINT) RT. KEE	22e ADDRESS	rekkin &	me 21111
IMPORTA	(	Burial, cremation, remo Burial	8/27/80 B	NAME OF CEMETERY OR CREMATORY Sohemian National		
6 25M 4) 1/79	24 F	San munek	Funeral 333	Brehms Lane	EP 2 1980 256. RE	SISTER'S STANKE



	4	a
	JING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deam. First reading physician	After this certificate has been signed by the attending physician and completely filled in by the funeral decreases
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IVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ING PHYSICIAN	ertil
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DHMH-16 25M

(VRA 15, 4) 1/79

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above, (1) (we) (did) (did not) view the body after death

## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 26 HOUR LTYPE OR PRINTS 4 RACE 5 DATE OF BIRTH 4. AGE I IN YEARS LAST BIRTHDAY) # UNDER I YEAR IF UNDER 24 HRS 3. SEX CAUCASIA MONTH YEAR DAYS 15 YRS BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USAGermany WIDOWED DIVORCED COCUNTY 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore County General Hospital Teacher-Catonsville Elem. School ON ODECSTOW, USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE Baltimore Baltimore 13. STEFFT ADDRESS 134. INSIDE CITY LIMITS? 2902 Ridge Road NO YES [ IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST MIDDLE Pfeil Becker Justus Dorothea 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Henry Riemann (YES, NO OR UNKNOWN) ( IF YES, GIVE WAR OR DATES) 220-03-5585 Ridge Rd., Baltimore, MD 21207 No APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/01 CERTIFICATION 20h. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 28e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NOL YES [ NO T 216. TIME OF INJURY 71a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M

21d INJURY OCCURRED 2) a PLACE OF INJURY 211 LOCATION STREET CITY OF TOWN COUNT STATE LAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 22a. | certify that (I) (this haspital) attended the deceased from

DEGREE

Loudon Park Crematory

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Rd 5310

230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore City

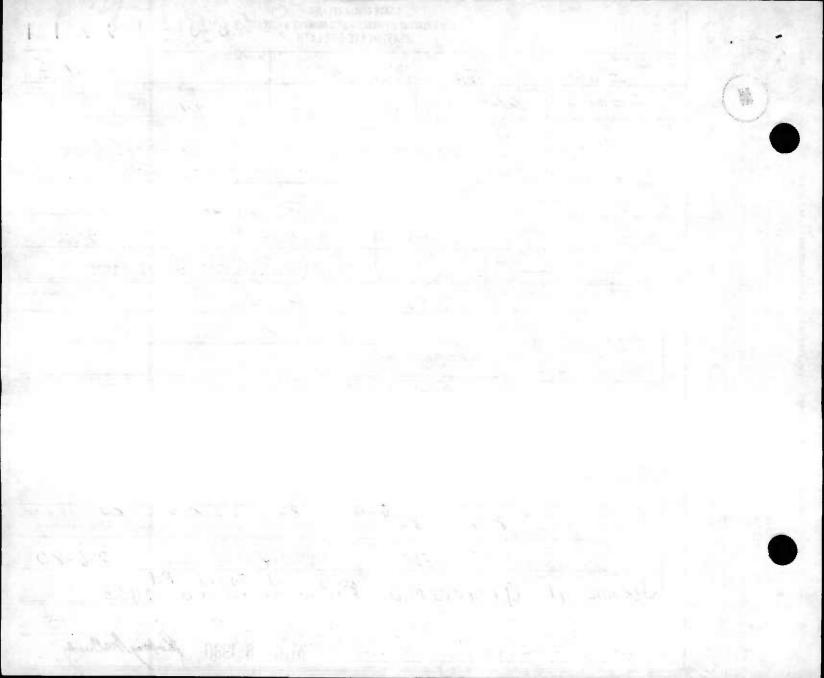
24 FUNERAL DIRECTOR Loring Byers Funeral Directors, P. 15 DATE RECD. BY REGISTRAR 24 8728 13. Party Rd. Randallstown. MD 21133 8728 Liberty Rd., Randallstown, MD 21133

8/7/80

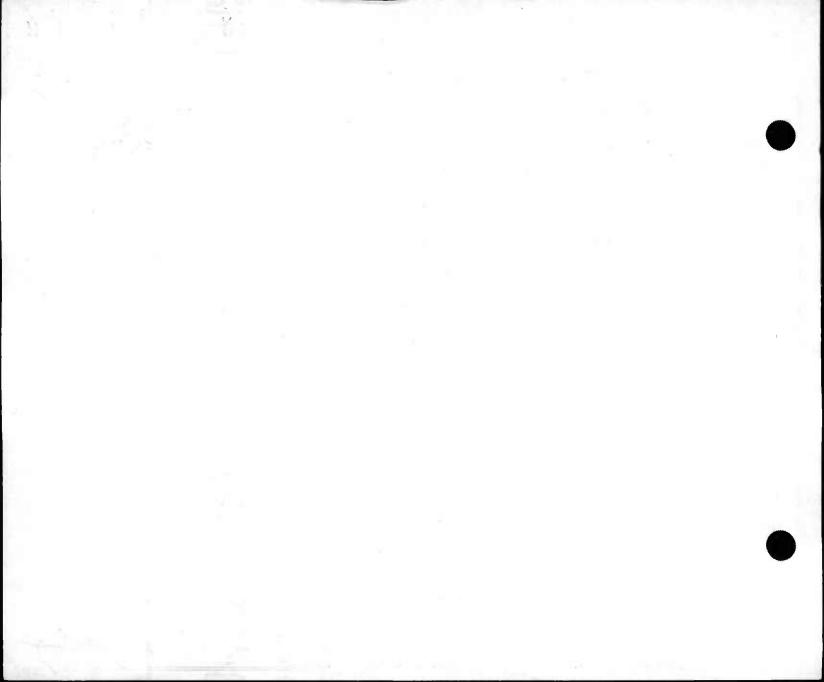
and that in (my) (our) apinion death accurred on the date and hour and from the causes stated

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22c. DATE SIGNED



STATE OF MARYLAND



STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B
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DHMH-16 25M (VRA 15, 4) 1/79

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO MIDDLE 28 DATE OF DEATH MONTH 1 DECEASED NAME August 28, 1980 Katherine Mary ROBINSON (TYPE OR PRINT) 4 RACE S DATE OF BIRTH IF UNDER 1 YEAR 3 SEX AGE IN YEARS LAST BIRTHDAY # UNDER 24 HPS MONTH DAY YEAR MONTHS DAYS HOURS White 1908 Female a Ja BIRTHPLACE ISTATE OR FOREIGN Baltimore County of DEATH
Baltimore County Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland WIDOWED IX DIVORCED IL CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR 유 ( IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Franklin Square Store Food Rossville Hospita] USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STATE 13h COUNTY 13c. CITY OR TOWN 13a, STREET ADDRESS 134. INSIDE CITY LIMITS? Balto 7605 Maryland Dundalk NO TO E. Battle Grove 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE 200 John Catherine Spangler Murphy 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT William E. LYES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Schroeder Ave. PerryHall no APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. Cardiopulmonary arrest IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF MUITIPLE Pulmonary emboli Canditians, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Gangrene left foot CERTIFICATION 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED iene pri IN CERTIFYING CAUSES OF DEATH? -S NeXX YES | NO I urial-transit p Item 18 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M ö 21d. INJURY OCCURRED 211 LOCATION 21a PLACE OF INJURY marked (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 8 August August 220 | certify that the this haspital) attended the desepted from \_\_\_\_\_ 80 saw the deceased alive an abave, (Kiwe) (did) (4d n , and that in (nb)-(aur) apinian death accurred an the date and haur and fram the causes stated view the bady after death. 22h-SIGNATURE 22c. DATE SIGNED DEGREE TO FUNERAL DI should be detache with the State Dep IMPORTANT: If MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 77d. PHYSICIAN'S NAME (TYPE OR PRINT) 9000 Franklin Square Dr., 21237 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY STATE (SPECIFY) 1980 Burial Trinity Balto. 250 DATE REC'D. BY REGISTRAR 250. REGISTBAR'S SIGNATURE 24 FUNERAL DIRECTOR Duda-Ruck Inc .ADDRESS

Wise Ave. Dundalk, Md. 21222

STATE OF MARYLAND

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VISION OF VITAL RECORDS, SOL W. PRESION ST., BALLINGAE, MARKET ST.	R ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours
AIG .	ATTENDING
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TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely filled in by the funeral director, pc should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

be notified at once.

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IMPORTANT: If them 21 is morked or them 18 shows any injury, or ather traumatic event, the

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STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR				CERTIF	CATE OF D	EATH		REG. NO	O				
	CEASED NAME	FIRST	A	AIDDLE	L	AST		20. DATE OF D	EATH	MONTH	DAY	YEAR	2b. HO	JR A
(TYPE	OR PRINT)	Bertha		$L_{\bullet}$	Ro	e				8	20	80		A.
3. SEX	X	4. R	ACE		5. DATE C	F BIRTH29	YEAR	6. AGE (IN YEAR	RS LAST BIRT	THD AY)	MONTH	DER I YEAR	IF UNDER	R 24 HRS
	Female		Whit	e	10		86		93	YRS	5.			
	RTHPLACE (STATE OR FO	DREIGN 7b.	CITIZEN OF	WHAT COUNTRY	? 8	D NEVER A	AARRIED [	9 BALTIMOR						
C	Balt.Md.		U.S.		WIDOWE	DEX DI	ORCED			more				MD.
10. CI	TY OR TOWN OF DEA		(IF NOT IN SUC	HOSPITAL, NURSI HEACILITY, GIVE STREE ick Vil	T ADDRESS)		Center	12g. USUAL OF (TYPE OF WORK F Hou		OF WORKING		b. KIND C DUSTRY	DF BUSIN	ESS OR
USU, 13a. S	AL RESIDENCE (IF NURS			Balt.		13d. INSIDE C	ITY LIMITS?	13e. STREET AI 1406		Roll	ing	Rd.		
14. FA	ATHER'S NAME FIRST MOTO	cia Go	snell	Cros	S		S MAIDEN NA/ FIRST 112	Ja	widdle		cKel	V V	51	
16a V	WAS DECEASED EVER YES, NO OR UNKNOWN)	(IF YES, GIVE WA	FORCES? RORDATES)	161 SP CIAL SECTOR	URITY NO.	Jane (	NI Ca Clark I	tonsu: 1406 N.	Ro	llin	d. g Ro			
	18. CAUSE OF DEAT	H (Enter only o	ne couse per	line for (a), (b), o	ond (c).)	11	1	1			-	BETWEEN	ONSET AN	DEATH
	PART I. DEATH W	IMMEDIATE C		1900	010	1 191	arci	ion			-	de	gr	
	Conditions, if ony gove rise to improve (a), stating underlying couse	mediate ng the lost.	(b) DUE TO, O	R AS A CONSEQU	UENCE OF			ulandi 3				yea	on	
NO	PART 2. OTHER SIG	NIFICANT CON	NDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM										
CERTIFICATION	190. DATE OF OPERA	TION	19b. COND	ITION FOR WHICH OPERATION WAS PERFORMED			YES	NO X		YES, WE RTIFYING YES			TH?	
	216. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOT IFY MEDIC	CAUSE OF DEATH		OF INJURY  .M. MONTH DAY YEAR  .M. 19			RED (ENTERNATI	JRE OF INJU	URY IN ITEM	18, PART 1	OR PART 2)			
MEDICAL	21d. INJURY OCCUR	HILE [		OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC.)	21f. LOCATION STREET	Й		CITY OR TO	NWN	c	OUNTY		STATE
	220. I certify that (I sow the decease above, (I) (we) (	sed alive on	1108	19	50,0		(our) opinion	deoth occurred	on the c					
	THE SIGNATURE DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN PHYSICIAN										8/2	dn	2	
	Millard	ME (TYPE OR PO	bour	14		22e. ADDRE	1000	Iswh,	urity	Mag.	109	me	7	
23a.	BURIAL, CREMÁTION (SPECIFY) BURIA!	, REMOVAL	23b. DATE 8/2			emetery or	moria	l Park		01+	i m $\cap$ 1		Md.	STATE
	FUNERAL DIRECTOR	736 EL	Japan	Zaba a ADDRESS	01 600	176		JGZ 5	380 <sup>A</sup>	R 25b. BE	GISTOR	Tarak,	NO NE	7

DHMH - 16 25M

TO HOSPITAL

retained by the hospital or attending physician.

(VR A 15 (4) ) 9/74

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	DEC NO				

FOR STATE REGISTRAR			EALTH AND MENTAL I	HYGIENE 8 0	19716
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3 SEX	4 RACE	S DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
Je. BIRTHPLACE ISTATE OR FORM COUNTRY) Baltimore, M		AT COUNTRY?	D NEVER MARRIED	[ ]	
10 CITY OR TOWN OF DEATH	4d Valley	PITAL, NURSING HOME C CHITY, GIVE STREET ADDRESS)  VI EW HUYS'		12s USUAL OCCUPATION (17thomemaker) Homemaker	12h KIND OF BUSINESS OF
JUSUAL RESIDENCE (# HURSIN 130. STATE Md.		residence before admission) CITY OR TOWN alto City	134. INSIDE CITY LIMITS YES <b>X</b> NO []	5401 Elsrod	e Ave 21214
14 FATHER'S NAME George Sc	hleupner	LAST	IS MOTHER'S MAIDEN	ry Fleishman	LAST
160 WAS DECEASED EVER IN	U.S. ARMED FORCES? 166	SOCIAL SECURITY NO.	Mr. Jos.	G. Rowley-214 B	lenheim Rd. 12
PART I. DEATH WA	DUE TO, OR AS which diote	Z.		L HEMORRAM R DISEASE	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH 5 days. 5+yu
PART 2 OTHER SIGNII	CHRONIC		PACTINF, 4-C.		
OR CONTRIBUTION CO	USE OF DEATH HOUR A.M.	JURY MONTH DAY YEAR	21c. HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN I	
OR CONTRIBUTING CALL  OF ETHER, NOTIFY MEDICAL  21d. INJURY OCCURRE  WHILE  AT WORK AT WORK	LAT HOME STREET	NJURY FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
sow the deceosed	ich Que Vall	1980 , or death.		GMEDICAL STAFF	nd hour and from the couses stated  22c DATE SIGNED  8-18-80
FREDERI	- /	ICR MD		RK RD BAST	MORE MO 2 1212
230 BURIAL, CREMATION, RE		23¢ NAME OF C	emetery or cremator		

DHMH-16 25M (VRA 15, 4) 1/79

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2121	S
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	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho

**DHMH-16 25M** 

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME FIRST MIDDLE 20 DATE OF DEATH MONTH DAY 2h. HOUR (TYPE OR PRINT) FANNIE AUGUST 23, 1980 SACKS 4:40 P 5 DATE OF BIRTH 3. SEX 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS SEPTEMBER 15,189 WHITE FEMALE 81 Te. BIRTHPLACE ISTATE OR FOREIGN 7% CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED | NEVER MARRIED LITHUANIA USA WIDOWED DIVORCED BALTIMORE COUNTY IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PIKESVILLE NURSING HOME MENS CLOTHING TAILOR PIKESVILLE USUAL RESIDENCE LIF NURSING HOME OPPOTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 134 COUNTY 13a STATE 13c CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 2525 EUTAW PLACE MARYLAND BALTIMORE YES KI 21217 NO [ completely 1 and 2 sheu 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST MIDDLE UNKNOWN UNKNOWN SACKS UNKNOWN 17 INFORMANT C. MORTON GOEDSFEIN, ATTY. 14a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. IYES NO OF UNKNOWN I (IF YES, GIVE WAR OR DATES) 24th FL., 10 LIGHT ST. #21202 217-05-6502 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (g), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE the attending emove carbon DUE TO, OR AS A CONSEQUENCE OF to burial, cremation, Canditians, if any, which other gave rise to immediate cause iai, stating the DUE TO, OR AS A CONSEQUENCE OF ō underlying couse CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PART 2 OTHER SIGNIFICANT CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT YES [ NO [ 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL IF EITHER, NOTIFY MEDICAL EXAMINER! P.M 21d. INJURY OCCURRED 211 LOCATION 21a PLACE OF INJURY marked CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 220 I certify that (I) (this haspital) attended the deceased from saw the deceased alive or and that in (my) (aur) Opinian death accurred an the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL IMPORTANT: State PHYSICIAN DIRECTOR PHYSICIAN /24/80 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be with the S 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY

BURIAL BETH TFILOH CEM WOODLAWN AUG. 26, 1980 24 FUNERAL DIRECTOR 25a. DATE REC'D. 6010 DD REISTERTO WN RD. SOL LEVINSON & BROS (VRA 15, 4) 1/79 BALTIMORE, MD. (21215)

Service OBSL

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, crémation, or removal.

injury, or other troumotic event, the

MPORTANT: If Item 21 is morked or Item 18 shows any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 FOR STATE

REGISTRAR			CERTIFICA	ALE OF D	EAIR	REG. N	0.				
	FIRST	MIDDLE	LAST			20. DATE OF DEATH	MONTH	DAY	YEAR	2h HOU	UR
(TYPE OR PRINT)	ARLES	AMOS	SADL	ER			08	10	80	C,9	2 AM
3. SEX	4 RACE	5	DATE OF BI	IRTH DAY	YEAR	6 AGE (IN YEARS LAST BIR	THDAY)	IF UND	DAYS	IF UNDER	
MALE	WH:	ITE	12	20	04	7	5 YRS		DAYS	HOURS	MIN
Jo. BIRTHPLACE (STATE OR FOR	IGN 75 CITIZEN OF	WHAT COUNTRY? 8	MARRIED 3	NEVER M	APPIED (	9 BALTIMORE CITY C	R COUN	TY OF D	EATH		
MARYLAND	U.	S.A.	WIDOWED		ORCED	BALTI	MORE	COU	NTY		MD.
10. CITY OR TOWN OF DEAT	H II. NAME OF	HOSPITAL, NURSING	HOME OR O		TUTION	12a USUAL OCCUPAT				OF BUSIN	
WOODLAWN		H FACILITY, GIVE STREET ADI		D		PAINTER	F WORKING		OAST	GUA	RD
USUAL RESIDENCE (IF NURSIN	S HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE AL		INSIDE CI	TY LIMITS?	13e STREET ADDRESS					
MARYLAND	BALTIMORE	WOODLAW			NO 🔀	1805 COLO	NIAL	ROA	D, 2	1207	,
14 FATHER'S NAME	WIDDIE	LAST	15		MAIDEN NAA				ŁAS		
JOSEPH	MIDDLE	SADLER			LIZABET				FAS	"	
160 WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECURI	TY NO. 17	INFORMAN	1T	ADDR	ESS				
NO	ir tes, Give war or Dates)	218-05-4	938	THELM	A SADLI	ER 1805 CO	LONI	AL R	OAD,	212	07
Conditions, if ony, gove rise to imme couse 10), stoting underlying couse  PART 2 OTHER SIGNI  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDER	which diote the lost DUE TO, O	R AS A CONSEQUEN  R AS A CONSEQUEN  ONTRIBUTING TO DE	CE OF			INAL DISEASE OR CON				o1	
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OR CONTRIBUTING L CA	USE OF DEATH HOUR A.	m. month day m.	YE AR			ED (ENTER NATURE OF INJU	RY IN ITEM 18	I, PART 1 OI	R PART 2)		
21d. IN JURY OCCURRE  WHILE NOT WHILE AT WORK AT WORK	(AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FARI		I. LOCATIO STREET	N	CITY OR TO	WN	co	UNITY	\$	STATE
sow the deceased	enco E	14 1980	DEG	REE	ITENDING HYSICIAN	eoth occurred on the officer of the occurred on the occurred o	FF				, ,,
	. BENITEZ, 1					S AVENUE, 2	1229				
23a. BURIAL, CREMATION, RI (SPECIFY) BURIAL	23b. DATE 08-13		ME OF CEME			23d. LOCATION CITY OR TOWN WOODLAWN	BAI	COUNT			TATE

DHMH - 16 50M 1/76 (VR A 15 (4))

74 FUNERAL DIRECTOR
HUBBARD FUNERAL HOME, 21229 4107 WILKENS AVE. INC.

250. DATE REC'D. BY REGISTRAR 756. REGISTRAR'S SIGNATURE

1980

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within 24 hours after death. Page 4 may be

executed

— TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physician.

DHMH-16 30M 2/80 (VRA 15, 4)

n nukarastas Puzdžinski

R	1-	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		Ö REG. NO.	1 9 7	1 9
1	(TYPE	CEASED NAME OR PRINT)	DAYTO:	N	LEE		AGER	August	20, 19		12:55 <sup>p</sup>
	3. SE)	Male		4. RACE Whit	е	S. DATE C	of BIRTH  V. 3041921 YEAR	6. AGE (IN YEAR		IF UNDER 1 YEAR	
25	70. BII	RTHPLACE (STATE O	r foreign	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltim	ore Cou	inty of DEATH	,
57		ossville			HOSPITAL, NURSIN		Spital	Electri		Chhi Clan	Corp.
31	USUA *13a. S	AL RESIDENCE (IF NU	RSING HOME OR	other institution	IS CITY OF TOWN		13d. INSIDE CITY LIMITS?	131318ET 40	mpass l	Road	21220
930	14 FA	THER'S NAME FIRST Ha	rry I	MICOLE .	Sager		15 MOTHER'S MAIDEN NAME UNKNOWN		MIDDLE		AST
1	160 V	VAS DECEASED EVE	R IN U.S. AR	MED FORCES? OR DATES)	234 26 9		Richard Sage	, Son		icholas A ore, Md.	
		Conditions, if on	mmediate	(b)_		1/	meris cell	te 1	ing		
	z	cause (a), state underlying cou	se lost.	(c)	OR AS A CONSEQU		NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITION	N GIVEN IN PART	l(o)
2	TIFICATION	cause (a), state underlying cou	se lost. GNIFICANT C	(c) CONDITIONS (	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	20a AUTOP	SY? 20b.	N GIVEN IN PART I	INGS USED
29	IICAL CERTIFICATION	PART 2. OTHER SIGNATE OF OPER  21a. ACCIDENT WAS UOR CONTRIBUTING  (IF EITHER, NOTIFY ME	SE TOST.  GNIFICANT C  ATION  INDERLYING  CAUSE OF DEA	(c)	CONTRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH D P.M.	DEATH BUT	21c HOW INJURY OCCUR	20a AUTOP	SY? 20b.	IF YES, WERE FIND CERTIFYING CAUSE YES EM 18 PART I OR PART 2)	INGS USED
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STATE OF MARYLAND

9	1	FOR - STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	NO	9 /	2 0	ļ	
page 3		CEASED NAME	eorge		ete		MARAS	26 DATE OF DEATH	MONTH DAY		26. HOUR 12:01	9.	
. " (3)	3 SE			RACE Whit		S DATE C	F BIRTH	6 AGE (IN YEARS LAST BE	RTHDAY) IF	UNDER I YEAR			
by the funeral director ed within 72 tooks at its be notified at once.		RTHPLACE (STATE OR I	FOREIGN )	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWED			NEVER MARRIED	Baltimore City			м	D	
by the fu		altimore	ATH		NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  FROT IN SUCH CLUTY, GMEST ADDRESS. HOSPITAL  126 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)  INDUSTRY  Steel								
filled in uld be fil	USU 13a M	AL RESIDENCE (IF NUI STATE d.	Balt:	TY I	Baltimo	/N	13d. INSIDE CITY LIMITS? YES NO K	2901 Plain	nfield F	Road			
1 and 2 should be medical example	14. F.	Pantelis	M	DDDLE S	amaras		15 MOTHER'S MAIDEN NA/ Helen	ME		LAS	51		
ysician and copers. Pages 1 soval.	160	WAS DECEASED EVER YES NO OR UNKNOWN)		COSTACIBO BAW	212-32-0		Wilma G. Sam	aras, 2901 Balt:	Plainfi imore, N	ield R	oad		
n signed by the attending phen please remove carbon parto burial, cremation, or remore, or remove to burial, cremation, or carbon princy, or other traumatic	NO	Conditions, if any gove rise to im cause (a), stati underlying caus	immediate ng the e last	DUE TO, OR  (b)  DUE TO, OR  (c)	as a conseou Pulmonar as a conseou rapid ve	ENCE OF y eder ENCE OF entric	t, left ventricular ma, ventricular fi ulur response	ar arrhythmibrillation	nia 1 with		ig1		
cate has bee it permit. T rgiene prior 18 shows ar	CERTIFICATION	19a DATE OF OPERA	ATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO X	206 IF YES, V IN CERTIFYIN		NGS USED S OF DEATH?		
al-transit antal Hyg r Item 18		218 ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEAT	HOUR A.M	MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	URY IN ITEM 18, PART	[ 1 OR PART 2)			
After this the buring the buring the and Me marked o	MEDICAL	21d. INJURY OCCUR	RED	21e PLACE C	OF INJURY ET, FACTORY, OFFICE, I	FARM, ETC.)	211. LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE		
for use as for use as i. of Healt em 21 is i			(this haspite sed alive an- idid) (did of	August	deceased from	30, or	ust 20 , 19 80 d that in ( <b>X</b> (aur) opinion (	ta_August			that (X(we) last causes stated	59	
ERAL DIF e detached State Dep		226 SIGNATURE	AME (TYPE OR	Legari)			ATTENDING PHYSICIAN [	MEDICAL STA	AFF ICIAN 🔀	22c. DATE	SIGNED		
TO FUNE should be o with the St IMPORTA	236		Chy	1	122.	NAME OF C	9000 Frankl	in Sq. Dr.	, Balto.	, MD	21237	=	
P		BURIAL, CREMATION SPECIFY Burial	, REMOVAL	236. DATE 8-23-8			n Cemetery	Baltimore	Balti				
OHMH-16 25M /RA 15, 4) 1/79	24 F	uneral director icholas T.	Matth	news, 30	21 Eäste	ern Av	- D-71-	REC'D. BY REGISTRA	RIZSI. REGISTRA	R'S SIGNAT	Crealy		

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	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 0	1 9	7	2	1
		CEASED NAME FIRST		MIDDLE	l	AST	te brite or berini	NTH DAY	YEAR	2b HOU	JR
		Spero (SAM)	G		SA	RANDOS	0	8-10	-80	5	ZYPM
	3 SE	X	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHD	AY) IF U	NDER I YEAR	IF UNDER	R 24 HRS
þ		MALE	WHITE		0/	25 0/	79	YRS			
or one	7a. B	RTHPLACE (STATE OR FOREIGN DUNTRY)  Greece	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMO				MD.
S S S	10 C	TY OR TOWN OF DEATH	11. NAME OF (IF NOT IN SUC	HOSPITAL, NURSIN CH FACILITY, GIVE STREET	G HOME (	DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W		12b. KIND C INDUSTRY	)F BUSIN	
0 0		owson		SEPH HO		AL	Owner Bar&	Packag	ge Go	ods	
35	13a 3		ne or other institution DUNTY Laltimore	Cockeys	N	13d Inside City Limits? Yes \( \text{NO } \text{X}	13e STREET ADDRESS 10100 Daver	itry Di	rive		
iner	14. F	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA				-	
250		George		arantopou]	los	Maria	MIDDLE	Ur	nknow		
		VAS DECEASED EVER IN U.S.		166 SOCIAL SECU		17 INFORMANT	ADDRESS				
medico	,	No No	GIVE WAR OR DATES)	216-32-9	9360	George S. Sa	arandos 3635	Doub	le Ro	ck L	ane
y injury, or other troumotic	TION		DUE TO, O		DEATH BUT	NOT RELATED TO THE TERM					
18 shows ony	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	Ob. IF YES, W N CERTIFYIN YES	G CAUSES	NGS USE OF DEA NO [	TH?
or Item 18 sh		21a. ACCIDENT WAS UNDERWING OR CONTRIBUTING CAUSED (IF EITHER, NOTIFY MEDICAL EXAM)	DEATH HOUR A.	DE INJURY .M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY II	I ITEM 18, PART 1	OR PART 2)		
morked or B	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F.		21f LOCATION STREET	CITY OR TOWN	6	COUNTY	s	TATE
. 2		220.1 certify that this he saw the deceased alive above. (1) we) (1) (did	ospital) attended the	ne deceosed from		nd that in my)(our) opinion			d from the		
IMPORTANT: If Item 2		22h. SIGNATURES	Lung /	1.49		DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIA	NU	22c. DATE	SIGNED	_
PORTA		XX Luke		Jr., M.D		St. Josep	h Hospital T	owson.	Mars	/land	
≥	23a. E	SURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d. LOCATION		INTY		ATE
_	L	Burial	Aug. 13	3,1980 G1	ceek	Orthodox Cem.	Baltimore.		arvla		
6	24. FI	JNERAL DIRECTOR				ole Dond 250 DAT	E REC'D. BY REGISTRAR	GISTRAR	Son	URE	
	Rı	ck Towson Fur	eral Home				1 3 1980	Jan.	11.00	~~	

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TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral artificate pages 3 should be detached for use as the burial-transit permit. Then please remaye carbon pages? I and 2 should be filed within 72 havis after death		Y
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral terrappose 3 should be detached for use as the burial-transit permit. Then please remays carbanpapers. Pages 1 and 2 should be filed within 72 havis after death	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be etained by the haspital or attending physician.	
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	IMPORTANT: If Hem 21 is marked ar Hem 18 shaws any injury, ar other traumatic event, the medical examiner, must been afficed at appea.	
IMPORTANT: If Hem 21 is marked at Hem 18 shaws any injury, ar ather traumatic event, the medical examine raves beneatfied at once.	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

	1-	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MEN ICATE OF DEA		ENE 8	O REG. NO		9 7	2 2
	1. DEC	CEASED NAME OR PRINT)	FIRST		WIDDLE	L	AST		20. DATE OF	DEATH A	MONTH DA	Y YEAR	26 HOUR A
-1			Emil	7	4.		rbrey		Aug		23 198		3:00 M
	3. SEX	ale		4. RACE Whit	te	S. DATE C	DAY .	WEAR.	6 AGE (IN PEA	RS LAST BIRTH		ONTHS DAYS	IF UNDER 24 HRS
)		RTHPLACE (STATE OF	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY	8	D NEVER MARE	NED [	9 BALTIMOR	E CITY OF		OF DEATH	
1		ermany		U.S.	Α.	WIDOWE			Bal-	timor	e Cou	ntv	MD
9	10 CITY OR TOWN OF DEATH  Towson			(IF NOT IN SUC	HOSPITAL, NURSI HIFACILITY, GIVE STREET Josephs	NG HOME C	OR OTHER INSTITUT	ION	120 USUAL O	CCUPATION MOST OF	N	126 KIND C	OF BUSINESS OR
35	13a S	AL RESIDENCE (IF NO STATE TYLAND	13b COU	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)	13d INSIDE CITY L	IMITS?	13e SJREET A		non R		всарс
39	_	THER'S NAME	ра.	WIDDLE	LAST	1	YES NO 15 MOTHER'S MA FIRST			MIDDLE	IOI K	LAS	ST
1	16a. V	VAS DECEASED EVE (ES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	21 5-0 5		Wilmer	J.E	. Sau	ADDRES		210	
	CERTIFICATION	Conditions, if ar gove rise to in couse (a), sto underlying cau	mmediate ting the ise last. GNIFICANT	DUE TO, O	R AS A CONSEQU	ENCE OF	ON NOT RELATED TO		NAL DISEASE			N IN PART 1	
1	IFIC								YES X		IN CERTIFYI	ING CAUSES	OF DEATH?
9	MEDICAL CER	220.1 certify that	CAUSE OF DE. DICAL EXAMINER: JRRED WHILE WORK WITH (this hasp	P. 21e PLACE (AT HOME, STE	M. MONTH D M.  OF INJURY REET, FACTORY, OFFICE, e deceased from.	80	216 HOW INJURY 216 LOCATION STREET 20 10 d that in (my) (aur	, 80	ED (ENTER NATU	EXECUTIVE OF TOWN	N 15 and hour c	COUNTY	STATE that (I) (we) last causes stated
1		22d. PHYSICIAN'S		RPRINT)	FWLOX Ja.	81		ork R	MEDICAL DIRECTOR		n Mary	yland	21204
	23a. B	URIAL, CREMATION		23b. DATE	23с.		EMETERY OR CREM		23d. LOCAT	ION		OLINTY	STATE
				Aug. 25	5,'80 M	orela	nd Mem.	Pk.	Bal	timo:	re Co		
		ineral director	John			n Rav	en Blvd	250. DATE	REC'D BY RE			AR'S SIGNAT	Ready

DHMH - 16 50M 1/76 (VR A 15 (4))

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FOR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	DEC NO				

0	"	REGISTRAR				CERTIF	CATE OF DEATH	•	REG. NO.		,
		CEASED NAME	FIRST		WIDDLE	i.	AST	20 DATE C	OF DEATH MO	NTH DAY YEAR	2b. HOUR
85	(ITPE	OKPKINI)	WALTE	R	W. SAU	ERWEI	N	AUGU	UST 21	, 1980	10:15
	3 SE	mal		Wh	iTe	5 DATE C	FBIRTH  ACL 17 YEAR  19/5		S S	YRS.	
3 <i>E</i>		RTHPLACE (STATE OF	FOREIGN	CITIZEN OF	WHAT COUNTRY $\mathcal{L}$ . $\mathcal{L}$ .	MARRIEI WIDOWE	NEVER MARRIED		ORECITY OR C TIMORE	COUNTY	M
58	1	ITY OR TOWN OF D		SÄTNT	°JOSEPH	STAN	ROTHER INSTITUTION SPTTAL	120 USUAL	M FI/10	ORKING LIFE) INDUST	W
35	USU 130	AL RESIDENCE (IF NO	IRSING HOME OR O	TY TO	130 CITY OR 10	WAY C	134 INSIDE CITY LIMITS?	13e STREE	3014	SUMMI	- Are
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1	160 \	WAS DECEASED EVE YES, NO ORUNKNOWN)		MED FORCES? WAR OR DATES)	212-05	- 4286	17 INFORMANT	mily	ADDRESS	ecords	POXUMATE INTERVAL EN ONSET AND DEATH
	CATION	gove rise to it couse (o), sta underlying cau  PART 2 OTHER SIG	ting the se last.	onditions <u>c</u>		DEATH BUT	DIA GETES NOT RELATED TO THE TER	MINAL DISEA	ASE OR CONDIT	ION GIVEN IN PART	DINGS USED
之 G	CERTIFICATION	21a. ACCIDENT WAS U		21b. TIME C	OF INJURY	DAY YEAR	21c HOW INJURY OCCU	YES T	МОХ	YES TEM 18, PART 1 OR PART 2	но 🗌
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0		22a 1 certify that sow the dece obove XIIXwe		ATTOT		80 . on	d that in May) (our) opinion		red an the date		
<u> </u>		22b. SIGNATURE	20	Zvas	ans	m		DICA	L STAFF OR PHYSICIAN	- 2/	Z Z/80
1			Lawren	ce Boas		·	50 Scott Ad			ysville, M	1D 21030
	(	BURIAL, CREMATION PURI	A L	236 DATE 8/25	- / in co. 1	HARDEL			PALT	COUNTY	M STATE
M /7B	24 FI	EVANS T	UNERA	L Ch.	apel DORES	800 HAI		G 27	1980	REGISTRAR'S SIGN	Bloody

DHMH-16 20M (VRA 15, 4) 7/7B

particularly non-

4	FOR STATE REGISTRAR		DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENT CERTIFICATE OF DEAT		O I
	1. DECEASED NAME (TYPE OR PRINT)	HENRY	MIDDLE	SCARBERRY	2a. DATE C	
	3. SEX Mal	4 RACE	White	1 10 /	EAR 6 AGE (IN	YEARS LAST BIRTHDAY)  WHAT WAS A STREET OF THE STREET OF T
Da de	70. BIRTHPLACE ISTATE	E OR FOREIGN 7h CITIZE	N OF WHAT COUNTRY?	8	_ 9 BALTIM	ORE CITY OR COUNTY

26. HOUR 09 YEAR FUNDER I YEAR DAYS OF DEATH country) MARRIED NEVER MARRIED BALTIMORE COUNTY by the funera Virginia DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR ST JOSEPH POSPITAL (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TOWSON Gardening aborer ly filled in should be f USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
1136 COUNTY
1136 CITY OR TOWN 13b COUNTY 130 CITY OR TOWN 13d. INSIDE CITY LIMITS? Balto. Cockeysvill Land P YES [ NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST Charles H carberry Gertrude Ö Jnknown medicol 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT P (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes Scarberry. physici event, th APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line far (a), DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o corb other troumatic 5 ottendi SOFFERENCE LEROTIC HART DISEASE emotion, Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse a bur PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION a mit. ony 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 2 INCERTIFYING CAUSES OF DEATH? and Mental Hygiene shows ă NOL YES NO [ certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d, INJURY OCCURRED morked or 21e PLACE OF INJURY 21f LOCATION ā the (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE STATE WHILE AT WORK AT WORK of Health 22a. | certify that (1) (this hospital) oftended the deceased from IRECTOR. 21 is sow the deceased alive an. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above (1) (we) (did) (did nat) view the bady after death H Hem should be detached 226. SIONATI 22c. DATE SIGNED 0 ATTENDING MEDICAL STAFF FUNERAL MPORTANT PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 0 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) CITY OR TOWN White Cemetery Hall

DHMH - 16 60M 7/73 (VR A 15 (4))

offending physician

ATTENDING

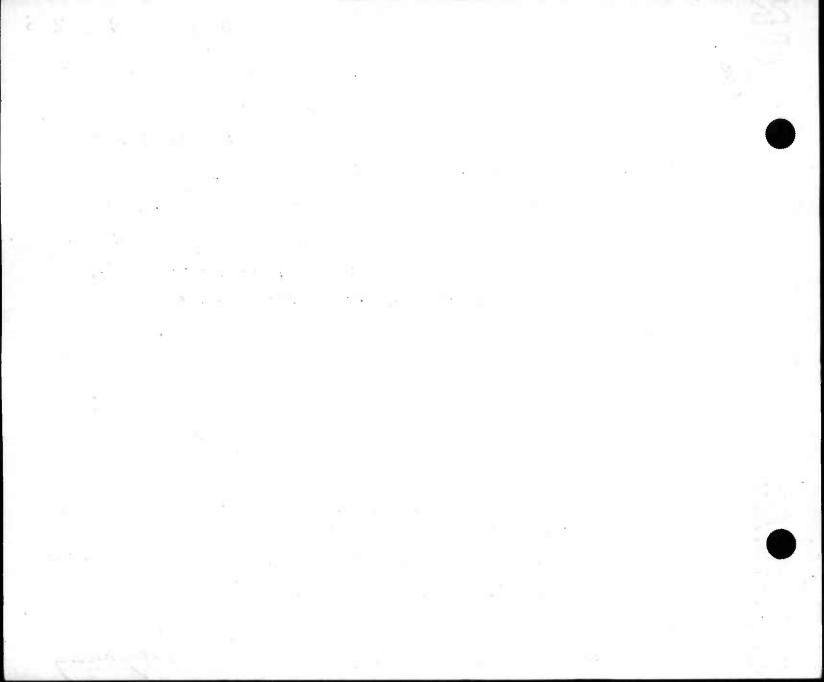
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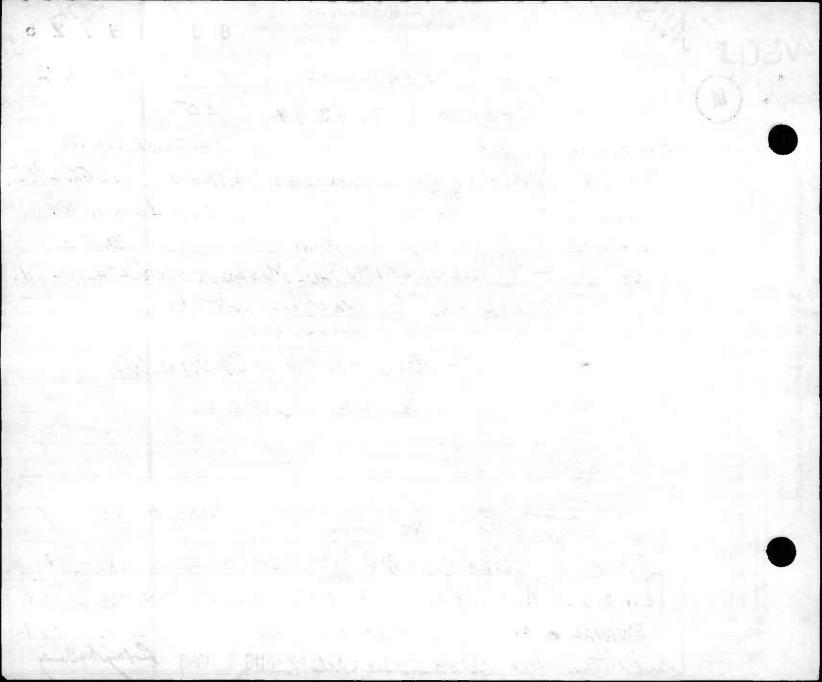
	5	1-	FOR STATE REGISTRAR		DEP	ARTMENT	OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	YGIEN	E 8 0	1	9 7	2 5
1	\		CEASED NAME FIRST		MIDDLE		LAS		20			AY YEAR	26 HOUR
(:2	)	,	ANNA		М.		SCH	ACKERT		AUGUST 7	7, 198	30	1:40A
	/	3 SEX	(	4 RACE			ATE OF	BIRTH OAY YEAR	6. /	AGE (IN YEARS LAST BIRTI		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
recto urs a			Female	Whi			ıly	22, 1898		82	YRS.		
neral di	35 auce	CC I	RTHPLACE (STATE OR FOREIGN DUNTRY)  Maryland	76 CITIZEN OF	Α.	WID	MARRIED   NEVER MARRIED		٦ l .	BALTIME BALTIME			MÒ.
by the fu	58	TO	TY OR TOWN OF DEATH	"SAIN	TOS	TAINE STREET TO PREST OF THE AT				USUAL OCCUPATE PE OF WORK FOR MOST OF HOUSEWIFE	WORKING LIFE		OF BUSINESS OR
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mpletely ond 2 sh	30	14. FA	THER'S NAME William	MIDOLE T	las Hari	rison		15 MOTHER'S MAIDEN N FIRST Lillia		MIDDLE		Edwa.	
d co	medical		VAS DECEASED EVER IN U.S. A	166 SOCIAL	SECURITY N	ИО.	17 INFORMANT		ADDRE	SS			
	event, the med		No		214-7	4-3007	7	Mr William	E	Schackert	Jr	Sa	ME MATE INTERVAL ONSET AND DEATH
n signed by the offend Then please remove co	injury, or other troumatic	NOI	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN	(b)	PRAS A CONS	SEQUENCE	OF	OT RELATED TO THE TER	RMINA	al disease or cont	DITION GIVE	N IN PART 1	01
hos bee	and 2	CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR W	HICH OPER	RATION	WAS PERFORMED	- 1	200 AUTOPSY?		WERE FINDI	
z s ger	18 m 18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A	DE INJURY .M. MONTH .M.	H DAY Y	YEAR 19	21¢ HOW INJURY OCCU	URRED	(ENTER NATURE OF INJUR	Y IN ITEM 18, PA	RT 1 OR PART 2}	
attendin ter this c s the bu	rked or	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, O	OFFICE, FARM, ET		211 LOCATION STREET		CITY OR TOW	'N	COUNTY	STATE
spitol or CTOR: Af d for use of af Health	n 21 is mo		220.1 certify that (this has saw the deceased alive above, it (we) (did) (or			19_80		that in (n) (our) opinio		, to <u>AUGUS1</u> th occurred on the do		ond from the	
by the he ERAL DIRE e detache Stote Dept		-	226 PHYSICIAN'S NAME (TYPI	Anto	10-1	1.	1	ATTENDING PHYSICIAN  220 ADDRESS		MEDICAL STAP		220 DATE	-07-80
retoined by 1 TO FUNERAL should be de with the Stot	PORT		JOSEPH D'		)	M.D.							
BP	-	23o. 8	BURIAL, CREMATION, REMOV. SPECIFY)  BURIAL		11/80			metery or cremator Lawn	Y	23d LOCATION CITY OR TOWN Baltimo	re, Ma	COUNTY Aryland	STATE
DHMH-16 20 (VRA 15, 4) 7		24 FU	INERAL DIRECTOR NAME  Leonard J		ADDRE	55		25a. D.	ATE RE	C'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNAT	TURE Seedly



TO HOSPITAL STATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.

Page 4 may be

10	- STATE REGISTRAR	OLI AKI	MENT OF HEALTH AND MENTAL HYG	8 0	1 4 / 2
			CERTIFICATE OF DEATH	REG. NO.	
(TYI	PECEASED NAME FRIST	MIDDLE ST	dhavmAN	20. DATE OF DEATH MONTH	SO 4
M <sub>2</sub> ) 3.5		CAUCASIAN	S DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER
50 10	BIRTHPLACE (STATE OR FOREIGN GOUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COU	
10	CITY OR TOWN OF DEATH		WIDOWED DIVORCED DIVORCED NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12h KIND OF BUSINE
70	TOWSDN 1		CONVALEGATIYANRSINGCOM	NOTRESS	GLIFE) INDUSTRY ARUI
13e	UAL RESIDENCE (IF NURSING HOME O	TOTHER INSTITUTION, GIVE RESIDENCE BEFOR	IN 134 INSIDE CITY LIMITS?	130 STREET ADDRESS	WORTH RO
3 ex 2 14 1	FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NAM	ME	TOURT
léa léa	WAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL SECTE EWAR OR DATES)	URITY NO 17 INFORMANT	ADDRESS	Satal plan
vent, the n	LIL CAUSE OF DEATH (Enter of	216-30 aly ane cause per line far jay, ibi, ar	ndise	ANACER 500	APPROXIMATE INTER BETWEEN ONSET AND
remov atic ev	PART I. DEATH WAS CAUSE	TE CAUSE (a) CVA-	Cerebol (h	roubox	
traum	Canditions, if any, which	DUE TO, OR AS A CONSECTU	Here Hemply	co_	
al, cremat	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AND SONSEAN	ord-orgMI	- Ch Comps	lue
to burie		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
Hygiene prior to m 18 shows any i	190 DATE OF PERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USER RTIFYING CAUSES OF DEAT YES \( \text{NO} \)
0 - 0	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D		RED (ENTER NATURE OF INJURY IN ITEM	
ked or Ita	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	19   21f LOCATION   STREET	CITY OR TOWN	COUNTY SI
ealth ar	AT WORK AT WORK	trai) attended the deceased fram	1979	to aug.	19 V, that (I) (
t. of H	saw the deceased alive or bave, (I) (we) (did) (did his	13 11 1 7	- 0	death accurred an the date and	haur and fram the causes st
State Dep	Shuged W	Minter	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/4/5
MPORTAL	PHYSICIAN'S HAME (TIME	MINTER	220 ADDRESS  2004 Face	PLYEENAV	E BATOL
- E - I	TOTAL DAY	Ton ours In	NAME OF CEMETERY OR CREMATORY	234 LOCATION	
5 ≥ 230	BURIAL, CREMATION, REMOVAL	23h. DATE 23c	IRK WOOD CEMETE	CITY OR TOWN	COUNTY ST



		REGISTRAR						REG. NO.			
		CEASED NAME E OR PRINT) EM	FIRST	М	ARIE		INAPP I NGRR	28 DATE OF DEATH MONTH	DAY YEAR	1:30A	
展	3. SE			RACE	hite	5 DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEA	R IF UNDER 24 HR	
いろ		IRTHPLACE (STATE OR FORE	EIGN 76				D NEVER MARRIED	BALTIMORE CITY OR COU	NTY OF DEATH		
57	10. C	TOWSON	н 1	11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION GBMC-6707 ST. CHARLES ST.				128. USUAL OCCUPATION 128. KIND OF B (TYPEGE WORK FOR MOST OF WORKING LIFE) INDUSTRY			
35	USU 130 <b>M</b>	AL RESIDENCE (IF NURSING STATE aryland	Balti	THER INSTITUTION Y MOPE	13c. CITY OR TOW Fullerto	ADMISSION) N	134. INSIDE CITY LIMITS? YES NO		lt., Md. ry Hall		
130		Bernhard		DDLE	Prior		IS. MOTHER'S MAIDEN NA	WIDDLE	Timmer		
f, alle ma		No	IF YES, GIVE W	AR OR DATES)	217-34-4	301	Barbara Pheli	ton 11305 Char	lund Dri		
atic even		PART I. DEATH WAS	Enter only S CAUSED	one couse pe BY: CAUSE (o)	METASTA	TIC	ADENOSQUAMO	OUS OFUTERUS	BETWEE 2	YRS	
a traum		179-	Canditions, if ony, which (b) DUE TO, OR AS CANSCOURNE TRIUM-STAGE 1V								
y, or otn		gave rise to immer cause (a), stating underlying couse	diate the last	DUE TO, C	OR AS A CONSEQUE	NCE OF	CY EDEMA		TE	KMINAL	
any injur	NO NO	Guc.	non	my.	LOEMA	. 76.	KMINAL	EHEUD	GIVEN IN PART	1(0)	
8 shows	CERTIFICATION	190 DATE OF OPERATION	SO		ANCET		N WAS PERFORMED		YES, WERE FIND RTIFYING CAUSI YES		
d ltem 1		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL I	JSE OF DEATH			Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)		
marked	MEDICAL	21d. INJURY OCCURRED  WHILE AT WORK  NOT WHILE AT WORK		21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
220.1 certify that (1) (this haspital) attended the deceased from 8 - 16  saw the deceased alive an 9 - 22  saw the deceased alive an obove. (1) (we) (did) (did nat) view the body after death.						, ta8 = 2.2 death occurred on the date and	haur and from th	, that (I) (we) last e couses stated			
= = = = = = = = = = = = = = = = = = =		22b. SIGNATURE	-4	dele	125		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN		22/80	
PORTA	6	J. HEBB					8508 20	de Klena	Belly	21204	

23b. DATE

Aug 25 1980

Baltimore, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

ION GIVEN IN PART 1(0 Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES | NO | NITEM 18, PART 1 OR PART 2) COUNTY STATE 10 8n that (I) (we) last and haur and from the causes stated 22c. DATE SIGNED 8/22/80 234 LOCATION CITY OR TOWN Baltimore 230 NAME OF CEMETERY OR CREMATORY STATE Moreland Memorial Maryland 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S

DHMH-16 25M (VRA 15, 4) 1/79 23e BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Burial

Leonard J. Ruck, Inc.

- STATE

White on the 0 3. 3 .A. 8. 1 -me fryga. an C-com M. Classes ST. Morrowice 12. 1. 2123° x not of in one altinore will a ton SECE Parry Hall Flyd. here harge 40 - F 1 3 1 or for nsmemmi -Daughter: Lingsville At 2100) 212-94-4301 Parmera Chelton 11305 Charlund Drive 30 31 22 31. 31. 31. 31. 31. 31. 33. Fre S - Symposia 188 1.1 . T. L. Eller, L. uria sur 25 1000 prolaro enorial altimore am land roman d. suck, ite. salt more, saydand 4 may be

	STATE OF MARYLAND							
OR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	0	1	9	1	2	
ECICTO AD	CERTIFICATE OF DEATH							

-	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	D.
	DECEASED NAME	FIRST	T	AST CAN CO	2e DATE OF DEATH	MONTH DAY YEAR 26. HOUR
1	SEX X	14 RACE	SCHI	NEIDER	4. AGE IN YEARS LAST BIRTH	HOAY) IF UNDER I YEAR IF UNDER 24
1)	M	WHI	TE MONTH		72	YRS.
70.	BIRTHPLACE (STATE OR I	OREIGN 76. CITIZEN OF	WHAT COUNTRY?	D NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH
35	Md.	11.5.	A WIDOWE	_	BALTI.	MORE CO
0 10	CITY OR TOWN OF DE		HOSPITAL, NURSING HOME C H FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	17a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	
SOO /	SHALDELLS	TOWN BC	GIVE RESIDENCE BEFORE ADMISSION)		RETIRED	
135	MARYLAI	134 COUNTY	Owings Mills	134 INSIDE CITY LIMITS? YES NO 🛣		gton Circle
a a	Charles	MIDDLE	chneider	IS. MOTHER'S MAIDEN NAM	B MIDDLE	Purce'll
	WAS DECEASED EVER	R IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS
the	no	(IF TES, GIVE WAR OR DATES)	216-05-3433	Mrs. Dorothy	M. Schneide	r Owings Mills, M
c event,	II CAUSE OF DEA	TH (Enter only one cause per WAS CAUSED BY:	line for (o), (b), and (c),			APPROXIMATE INTERVA
Hygiene prior to burial, or no 18 shows any injury, or the prior to burial, company to the prior to the		GESTIVE	ONTRIBUTING TO DEATH BUT  HEART FA  IT ION FOR WHICH OPERATIO	ILLIRE, C		OSCULAR ACCIDE  1206. IF YES, WERE FINDINGS USED  1210. IF YES, WERE FINDINGS USED  1210. IF YES, WERE FINDINGS USED
Hygiene pri n 18 shows	NO	VE	-		YES NO	YES NO
- 60	OR CONTRIBUTING	CAUSE OF DEATH HOUR A.	M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
9 0						
	WHILE NOT WAT WORK	WHILE TO (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	YN COUNTY STAT
Health and M	22a i certify that (I sow the decea	WHILE AT HOME, STI	reet, FACTORY, OFFICE, FARM, ETC.)  te deceosed from	STREET 19.20	to Aug	COUNTY STAT
21 is marked	22a i certify that (I sow the decea obove, (I) (we). 22b. S IGNATURE	WHILE AT HOME, STI	ne deceosed from 1990 do ofter death.	nd that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN		19.80 , that (I) (we ste and hour and from the causes state
is marked	22a   certify that (I sow the decea above, (I) (we)	WHILE AT HOME, STI	ne deceosed from 1990 do ofter death.	nd that in (my) (our) opinion of DEGREE	, to	19.80 , that (I) (we ste and hour and from the causes state

0 5 7 9 1 2 1 8 5 5 5 and the contract of the contra fit you'll make my horder it altered land field to Att William Control of the Control of the control of the

The same of the second of the same

4	1	FOR STATE REGISTRAR	DEPA	RTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG BICATE OF DEATH	IENE 8 0	97	7 2 9
P		CEASED NAME FIRST OR PRINT)	MIDDLE		AST	2R DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
		RONAL			REIBER	08	12 80	741
	3. SE		4 RACE	5 DATE C	H DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
		MALE	WHITE		R. 20, 1934	46 yrs.		
31		RTHPLACE (STATE OR FOREIGN DUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNT USA	MARRIE WIDOWE	D DIVORCED	BALTIMORE CITY OR COUNT		MD.
o de no	B	TYPONSONOF DEATH		RSING HOME C REET ADDRESS) ARLES		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L ATTORNEY	12h KIND INDUSTRY	OF BUSINESS OR
85	13a S	MARYLAND BALT		efore admission) OWN IMORE	134. INSIDE CITY LIMITS? YES NO XX	130 STREET ADDRESS 6811 DARWOOD	DR. #	21209
32		THER'S NAME FIRST MARTIN	SCHREI SCHREI		IS MOTHER'S MAIDEN NA FIRST IDA	WIDDLE	ELL	ENSON
	160 V	VAS DECEASED EVER IN U.S. A Es, no or unknown) (IF yes, GI NO	VE WAR OR DATES!	8-0119	6800 DARWO	FAITH SCPREIBER OD DR. BALTO		21209
iy injury, or otner traumatic	NO	Conditions, if any, which gove rise to immediate cause ioi, stating the underlying cause last	DUE TO, OR AS A CONSE	OUENCE OF CINOMA OUENCE OF		ITH METASTASE		YEAR
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FIND IFYING CAUSE 'ES	
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI LIFETHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2}	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21 R PLACE OF INJURY LAT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
VIII IT IT IT IS I		220. I certify that (I) (this host saw the deceased alive to above, (I) (we) (did) (did no 22b. SIGNATURE	pital) attended the deceased from 08/12 in 08/12.  Not) view the body after death.		DEGREE  ATTENDING PHYSICIAN	, to 08/12  death accurred an the date and ho  MEDICAL STAFF DIRECTOR PHYSICIAN		that (1) (we) last the causes stated
Mr Or A		DR. APPAR	ORPRINT)	JR I	GREATER B	ALTIMORE MEDI	CAL CE	NTER
-	23n. B	URIAL, CREMATION, REMOVA SPECIFYI BURTAL	AUG. 14, 1980		EMETERY OR CREMATORY K AMUNO	23d. LOCATION CITY OF TOWN BALTIMORE	COUNTY MA	ARYLÄNĎ

AUG 19 1980

SOL LEVINSON & ADRROS., INC.

BALTO MD

21215

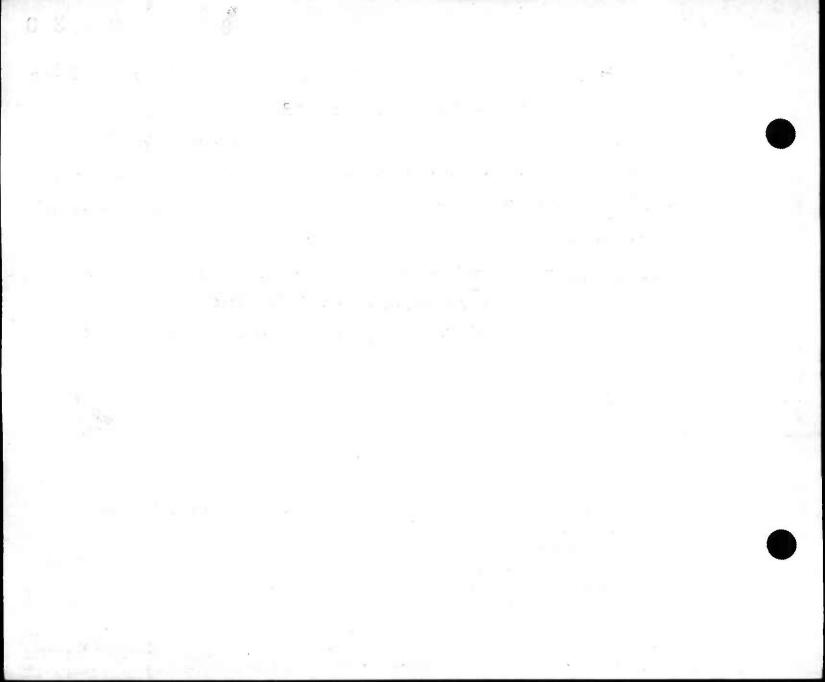
DHMH-16 25M (VRA 15, 4) 1/79

24 FUNERAL DIRECTOR

6010 REISTERSTOWN RD

PS-VP Use meaning of the second ego'n eg tacho STATE OF STA 

STATE OF MARYLAND



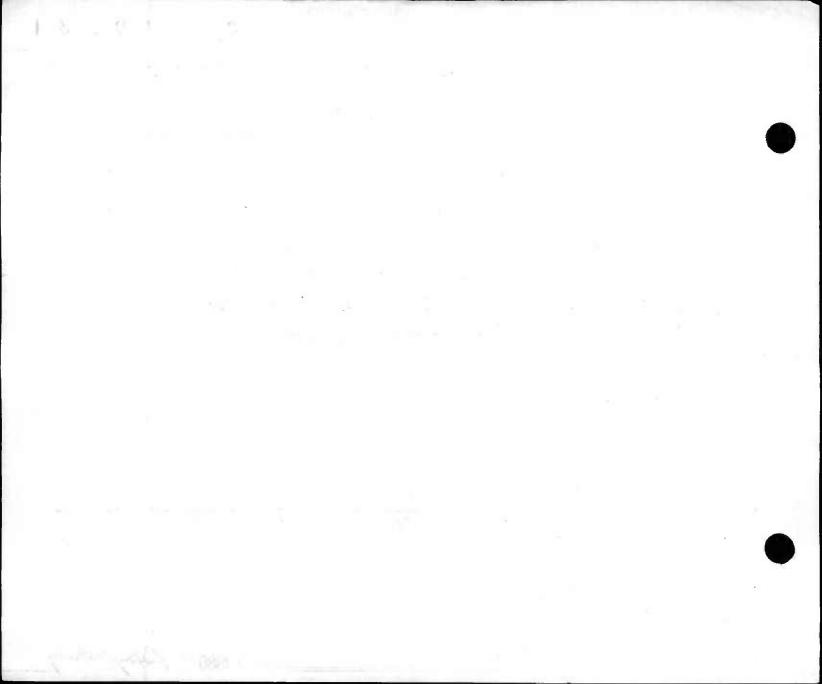
Page 4 may be

requires that the death certificate be executed within 24 haurs after

TO HOSPITAL OX ATTENDING PHYSICIAN The low retained by the haspital or offending physician

	9	1-	FOR STATE REGISTRAR			DE	PARTM		EALTH AND	MENTAL HYG DEATH	SIENE 8	O REG. N	0.	9	1	3	1
oth 3			CEASED NAME OR PRINT)	EMMA		C G	,	SCH	LTE		AU(	GUST	15,	1980	YEAR	26. HOU	R P
Krioi po	1)	3 SEX	F		1 RACE			5. DATE C	DAY	1400	6 AGE IN	YEARS LAST BIR	THDAY)	MONTHS	R I YEAR DAYS	IF UNDER HOURS	24 HRS MIN
oneral di	31	Ç	RTHPLACE (STATE OR DUNTRY)		76 CITIZEN OF	Д		WIDOWE	D D	MARRIED	BALT		E CO				MD.
by the filled	58		TOWSON	IOWSON SI MSUC				JUSEPH HUSPITAL							KIND O USTRY	F BUSINE	SSOR
filled in hould be	35		AL RESIDENCE (IF NU	RSING HOME OR	OTHER INSTITUTION	131. GITY C	CE BEFORE RIDWI KTON	ADMISSION)	YES 🗌	NO X	130. STREET	ADDRESS L WI	ELL	IRG /			
	130	L	FATHER'S NAME FIRS LOYIS KEYS LAST STATISTICS ANOTHER'S MAIDEN NAME FIRST ANITH RODGE FORMINGS								(6)	LAS					
		16a V	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (1964 NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) ZZO-54-5522 FAM. LY RECORDS									j					
physicic anpaper emoval	eveni, me		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CORONARY HEART DISEASE WITH									_	APPROXI ETWEEN C	MATE INTER	DEATH		
ottending ove corb			4/40 Canditions, if an	y, which		RASACONGE			EART	FAILUE	RE						
ed by the slease reminal, cremo			gave rise to in couse (a), stat underlying cous	ing the	DUE TO, O	R AS A CON	NSEOUE	NCE OF									
n signe Then p		NOI	PART 2 OTHER SIG														
icion te has bee		CERTIFICATION	19a DATE OF OPER				WHICH	OPERATIO	N WAS PERFO		YES [	NO 🗆	IN CER	YES, WERE RTIFYING ( YES []	AUSES	GS USEL OF DEAT NO	H?
Syd On our of	7	MEDICAL CE	21a ACCIDENT WAS UP OR CONTRIBUTING [ {IF EITHER, NOTIFY MED	CAUSE OF DEA	Ρ.	м. мон1 м.	TH DA	Y YEAR		NJURY OCCURI	RED (ENTERN	ATURE OF INJU	IRY IN ITEM	1B, PART 1 OR	PART 2)		
ar offendi After this e as the bu	2	MED	AT WORK AT W	WHILE	1/1/1/12	REET, FACTORY,			211 LOCATI STREET			CITY OR TO		cou		ST	TATE
Spiral or CTOR: A difor use			220.1 certify that XI (this haspital) attended the deceased from TILLY 27									we) lost oted					
RAL DIRE detached tote Dept.			226. SIGNATURE	atris	P. A	Din	9	1	7.0.	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STA	FF CIAN 🔂	/ 27	c. DATE: Zeng:	SIGNED	1980
etoined by TO FUNER, should be d			224 PHYSICIAN'S N BEAT			on, n	ſ.D.		762	SS YORE	RD.	2120	)4				
BP			DURIE I	I, REMOVAL	3-19-	80		- 1	METERY OR	en/1K	23d. LOC CITY O	Nn/t	06	COUNC	W	StA	ATE
DHMH-16 20 (VRA 15, 4) 7,	M /78	24 FL	WERAL DIRECTOR	rapilo	f Chins	29	75)	lork P	Co	AUI	E REC'D. BY I	980	25b. REG	SISTRAR'S S	MAL	-	/

STATE OF MARYLAND



## STATE OF MARYLAND

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	1.	FOR STATE REGISTRAR			DEPARTN		EALTH AND MENTAL HYG	IENE 8 0	NO.	9 7	3	2
		CEASED NAME	FIRST		MIDDLE		AST	2e DATE OF DEATH	MONTH D	DAY YEAR	2b. HOUI	R
		,	IDA			SCH	WARTZ		AUG. 15	, 1980	5:15	Рм
	3. SE	X	- 11	4 RACE		5. DATE O		& AGE   IN YEARS LAST		FUNDER I YEAR	# UNDER:	24 HRS MIN
		FEMALE		WH	ITE	JAN.	22, 1911	69	YRS.		11000	Miles
1		RTHPLACE (STATE OR FO	REIGN	76 CITIZEN OF	WHAT COUNTRY?	AAA PRIE	D XXNEVER MARRIED	1 BALTIMORE CITY	OR COUNTY	OF DEATH		
		MARYLAND		U.S.	.A.	WIDOW		BALTI	MORE CC	UNTY		MD.
C		BALTIMORE	тн		HOSPITAL, NURSIN H FACILITY GIVE STREET LAURE LWOO!		OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS SCHOOL T		12b. KIND C INDUSTRY EDUC	ATION	SS OR
1	13a S	AL RESIDENCE IF NURSI STATE ARYLAND	13h COUN		BALTIMO		134 INSIDE CITY LIMITS?	134. STREET ADDRES 2810 laur	s elwood	court	#21	209
2	14. FA	TOBIAS	,	WIDDLE	MILLER		15. MOTHER'S MAIDEN NAME FIRST BLUMA	WE		BUNC	HEZ	
1		NAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	214-40-2		17 INFORMANIMR. AI 2810 LAURELV					
		Canditions, if any, gave rise to imm cause tot, stating underlying cause	which nediate	(b)_	R AS A CONSEQUE	NCE OF	1 ance			7	nys.	rug
	NOI	PART 2 OTHER SIGN	HEICANT (	ONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM					
2	CERTIFICATION	190 DATE OF OPERAT	NOI	196 COND	ITION FOR WHICH	OPERATIC	ON WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FIND I YING CAUSES S		H?
1		210 ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	HOUR A	DE INJURY M. MONTH DA M.	YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF H	JURY IN ITEM 18, P.	ART I OR PART 2)		
	MEDICAL	214 INJURY OCCURE WHILE NOT WE AT WORK AT WO	ILE 🗆		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR	IOWN	COUNTY	ST	ATE
		220. I certify that (I) saw the decease abave, (I) (we) 42 22b. SIGNATURE	d alive an	8/15	19 8		nd that in (my) (eus)-opinian of DEGREE  ATTENDING PHYSICIAN (Control of the physician of t	_ MEDICAL S	TAFF _	r and fram the	that (I) (v causes sta SIGNED	
Į		27d. PHYSICIAN'S NA	AME (TYPE O	RPRINT)	GER, "	10.	6715	NAMH A	EILH	TS /	106	

DHMH-16 25M (VRA 15, 4) 1/79

MMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical exa-

I.U.F.UNEMAL DIRECTOR: After this certificate has been signed by the attending physician and coshould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ATTENDING PHYSICIAN: The law

23a BURIAL, CREMATION, REMOVAL 23b. DATE

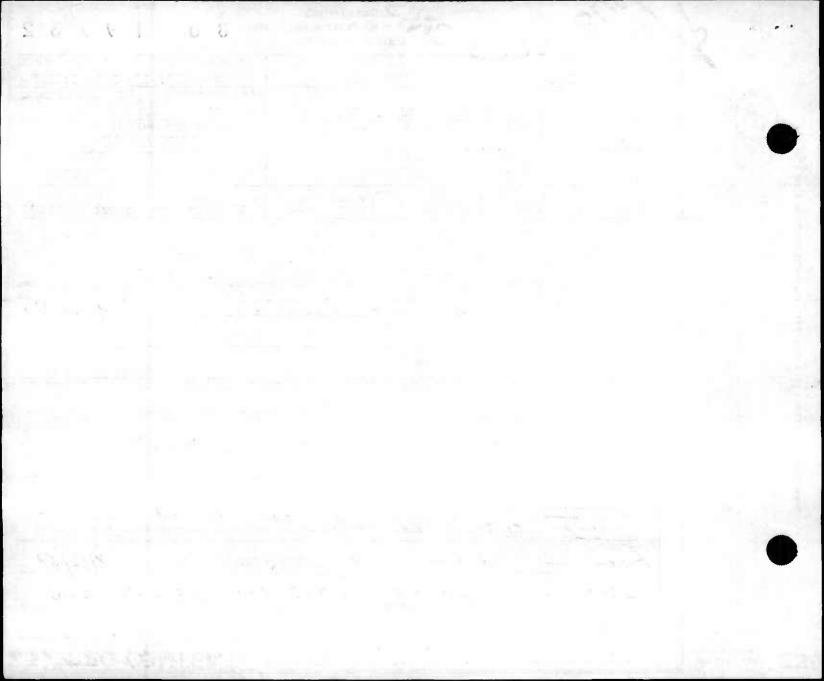
ROSEDALE BALTO. 236 NAME OF CEMETERY OR CREMATORY 1236 SHEARITH HALPLETA SHOMREI MISHMERES

21215

STATE

BURIAL 8-17-80 SHOMREI M 24 FUNERAL DIRECTOR SUL LEVINSON & BROSS., INC. MAME 6010 REISTERSTOWN RD., BALTO., MD

250. DATE REC'D.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.

DHMH-16 25M (VRA 15, 4) 1/79

Page 4 may be

	HAIL	I MA	KILAN	U	
DEPARTMENT	OF HEA	LTH A	ND ME	NTAL	HYGIENE

	1-	FOR STATE REGISTRAR	DEPART		HEALTH AND MENTAL HYG FICATE OF DEATH		1 0 2 2
- 1		EASED NAME FIRST	MIDDLE	,	LAST	2R DATE DEATH MONTH	DAY YEAR / 26. HOUR
- 1	11	Edith	S.	S	cott	Aug 24,1980	7:0
	3. SEX		4 RACE	S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST RIRTHDAY)	MONTHS DAYS HOURS
		Female	Black	Apr		88 YRS.	MONTHS DAYS HOURS
		THPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
35		laryland	U.S.A.	WIDOW		Balto. County	y
	10. CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126. KIND OF BUSINES
30		to. Co.	4008 Bedford	Roa		Caterer	Pvt. Fami
35	13a S	TATE 136 CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO UNITY 13c CITY OR TOV		134 INSIDE CITY LIMITS? YES NXX	13e STREET ADDRESS 4008 Bedford	Road -2120
30		THER'S NAME FIRST  St	anley LAST		15. MOTHER'S MAIDEN NAME FIRST Sarah	MIDDLE	amper
		AS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRESS	4008 Bedfor
/	(1)	ES, NO OR UNKNOWN) (IF YES, (	214-22-	-0204	A Mrs. Sa	rah W. Darkins	s Road
'		IS CAUSE OF DEATH (Enter	anly ane cause per line far (a), (b), a SED BY:			C1 1 A	APPROXIMATE INTERVA
			SED BY.  IATE CAUSE (o)	ente	Myocarl	ul Tusanter	- chum.
	MOIT	gave rise to immediate cause tal, stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF TOO DITTONS CONTRIBUTING TO THE SECULAR	DEATH BUT	les-		
2	5	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	WAS PERFORMED	INCERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH
2	ERTIFIC/	Processor		H OPERATIO		YES NOW Y	FYING CAUSES OF DEATH
29	CERTIFIC	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	216. TIME OF INJURY HOUR A.M. MONTH (	DAY YEAR		INCERT	FYING CAUSES OF DEATH
29		210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH ( ER) P.M.  21a. PLACE OF INJURY	DAY YEAR	216 HOW INJURY OCCURS	YES NO NO NEET YES NO NO NEET YES NO NEET NO NEET NEET NEET NEET NEET NEE	IFYING CAUSES OF DEATH (ES NO )
29	CAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAMIN 21d. (NJURY OCCURRED	DEATH HOUR A.M. MONTH (ER)	DAY YEAR	21¢ HOW INJURY OCCUR	YES NOW Y	FYING CAUSES OF DEATH
29	MEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AF WORK  1 certify the conset and the obows if well did not the obows.	21b. TIME OF INJURY HOUR A.M. MONTH ( ER) P.M. 21a. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DAY YEAR 19	211 LOCATION STREET	YES NO NO NEET YES NO NO NEET YES NO NEET NO NEET NEET NEET NEET NEET NEE	PART I OR PART 2]  COUNTY STAT  19 then (1) we sur and from the causes state
29	MEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF COMMITTEE AT WORK NOTIFY MEDICAL EXAMINATION OF COMMITTEE AT WORK NOTIFY MEDICAL EXAMINATION OF COMMITTEE AT WORK NOTIFY TO STATE OF COMI	21b. TIME OF INJURY HOUR A.M. MONTH ER)  21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE Apital) attended the decreased from 19 11 years the blody after death.	DAY YEAR 19 , FARM, ETC.)	211 LOCATION STREET  19  10  10  10  10  10  10  10  10  10	YES NO NO NICERT YES CENTER NATURE OF INJURY IN ITEM 18.	IFYING CAUSES OF DEATH (ES   NO   PART 1 OR PART 2]  COUNTY STAT
	MEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AF WORK  1 certify the conset and the obows if well did not the obows.	21b. TIME OF INJURY HOUR A.M. MONTH (AT PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE spital) attended the decreased from (AT Year The Body after death.)  E OR PRINT)	DAY YEAR 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	211 LOCATION 211 LOCATION STREET  19  19  19  19  19  19  19  19  19  1	YES NO NO NICERT YES NICE	PART I OR PART 2]  COUNTY STAT  19 then (1) we sur and from the causes state

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214-22-5216-5 13 . Tabet T. Da Elne And

Her ert B. Fatter-3025 . North ave 359 2 3880 Papalan

Nurse 3 8/20/1000 relutus 2 . Tr. Lands Co. North Land

DHMH-16 25M

(VRA 15, 4) 1/79

FOR

- STATE

		REGISTRAR			CENTIL	ICAIL OI DEATH	REG. N	0.	12 22 25	
		EASED NAME FIRST		P. SC	RIVE	ner.	2a DATE OF DEATH	8-24	80	7;1
3	SEX	MALE	4 RACE WHITE		AUG .	27, DAY 900 YEAR	6 AGE (IN YEARS LAST BIR		ONTHS DAYS	
35	ÇC	THPLACE ISTATE OR FOREIGN UNTRY) MARYLAND	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	DIX NEVER MARRIED	BALTIN	MARE C		Y
56		BALTIMORE	GREAT	CH FACILITY, GIVE STREET A	DRE M	EDICAL CNTR.	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF MAINTANEN		126 KIND ( INDUSTRY STAT	OF BUSINE E ROA
aine m	JSUA 3a S	100	OME OR OTHER INSTITUTION COUNTY  LTIMORE	BALTIMORE	1	134 INSIDE CITY LIMITS? YES NOXX	134 STREET ADDRESS 209 REGES	TER AVE	E. 212	12
Sale	F	HER'S NAME FIRST RANF P. SRRI		LAST		LOUISE	MIDDIE		GWYNN	AST
ut, the med		AS DECEASED EVER IN U. S, NO ORUNKNOWN) YES	S. ARMED FORCES? IS, GIVE WAR OR DATES) WW1	220-36-75		IT INFORMANT ELIZABETH D.	SCRIVENER			AVE.
other traumatic eve		18 CAUSE OF DEATH (En PART I. DEATH WAS C  SIMM  Conditions, if ony, white gove rise to immedia couse (a), stoting to	DUE TO, C	CRONIC	NCE OF LUI	PIRATORY FAI			2 H	RS
iny injury, or	NO	underlying couse la				HEART DISE		IDITION GIVEI		IOURS
8 shows	CERTIFICATION	90 DATE OF OPERATION	196 COND	OITION FOR WHICH (	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, YES	WERE FINDS	INGS USED S OF DEAT NO
4. / /	MEDICAL CEI	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE: (IF EITHER, NOTIFY MEDICAL EXAL) 21d. INJURY OCCURRED	OF DEATH HOUR A MINER) P	OF INJURY  .M. MONTH DA  .M.  OF INJURY  REET, FACTORY, OFFICE, FA	(9	211 LOCATION STREET	RED (ENTER NATURE OF INJU		COUNTY	ST
em 21 is mar	_	WHILE AT WORK AT WORK  22a. I certify tho Withis saw they deceased oliobave, (b) (we) (did)	haspital) attended the	gerdeceased fram	3008	nd that $(X_{(X_Y)}, (our))$ apinian	, to08/2/deoth accurred on the d	ate and havr	1	
ANT: If It		226 SIGNATUR 226 PHYSICIAN'S NAME :	Len-		4.5	ATTENDING PHYSICIAN [		CIAN		/24/
IMPORTA	2. 0	AZVARO	び主な		AUE 05 5	"GREATER B 6701 NORT	ALTIMORE I H CHARLES	MEDICA	T BA	NTER,
_ [	30 B	URIAL, CREMATION, REMO BURIAL	AUG. 2			EMETERY OR CREMATORY THE DRAL CEM.	BALTIMOR	44	OUNTY	STA MD

80 that (we) last the date and haur and fram the causes stated 22c. DATE SIGNED 08/24/80 STAFF HYSICIAN [ COUNTY STATE MORE MD. A TO RECT SEE SISTRA POR MEDICALES SANDA 24 FUNERAL DIRECTOR **ADDRESS** MITCHELL-WIEDEFELD HOME 6500 YORK RD.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

12h. KIND OF BUSINESS OR

; 10A IF UNDER 24 HRS

ROADS

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

NO [

STATE

APPROXIMATE INTERVAL NETWEEN ONSET AND DEATH 2 HOURS

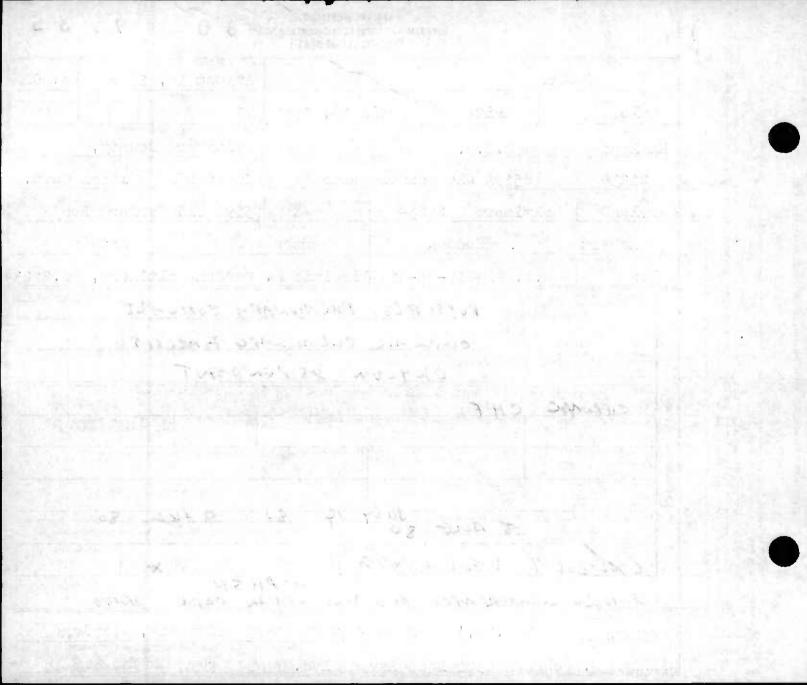
C Supplemental Sup distribution of the second of 7 7 72772 3 . . . . TO JULY TO THE JULY STREET WSAE BRY STEER THEFT V 02 \_ (2)27 \_ 03 \_\_\_21/30 \_ C 23 至5. 理(で )3.6%

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after retained by the haspital or attending physician.

		CEASED NAME ORPRINT)	RANK		MIDDLE		SEDDON	Augus		1980	26. HOU	
99	3. SE)			4. RACE		5. DATE (		6. AGE (IN YEAR		IF UNDER I YE		-
		Male		Whi	te 💮		1 24, 1907	73	YR	MONTHS DAT	S HOURS	٨
0-	(	RTHPLACE (STATE OR FO	OREIGN		WHAT COUNTRY	2 8 MARRIE	D X NEVER MARRIED	,	CITY OR COU	NTY OF DEATH		
Ш		ngland	TH	U.S	HOSPITAL NURSI	WIDOW!	OR OTHER INSTITUTION	Balti		ounty,	OF BUSINE	FSS
00		21234		8519A	01d Ha	rforc	l Road	Educat	e MOST OF WORKIN	GUFE) UNDUSTE	XY.	
See See	13a. S		13b COUN		13c. CITY OR TOV		134. INSIDE CITY LIMITS?	Be STREET ADI	ORESS TO	rford	Pood	
Jer		ryland	Dal	LOTHIOT	4 212	J <sup>4</sup>	YES NOTHER'S MAIDEN N		old na	illolu	noau	-
30		Robert		MIDOLE	Seddon		Bertha	N	HOOLE	Math	er	
OJICO		VAS DECEASED EVER I			166 SOCIAL SEC		17 INFORMANT		ADDRESS			
E		YES NO OR UNKNOWN) Yes	W.	W. TI	017-05	-8167	Virginia K	<ul> <li>Seddo</li> </ul>	n Balt			
ury, or omer moumotic event, t	7	Conditions, if ony, gove rise to imm couse (o), stoting underlying couse	which dedicate g the lost.	D BY: E CAUSE (o)  DUE TO, O  (b)  DUE TO, O  (c)	R AS A CONSEQUENT R AS A CONSEQUENCE OF THE PROPERTY OF THE PR	JENCE OF JENCE OF		ARY FO	BROS	LI	OXIMATE INTER N ONSET AND	RVA
s any injury, or other troumotic event, it	ICATION	Conditions, if ony, gove rise to imm couse (o), storing underlying couse	which nediate g the lost.	D BY:  E CAUSE (o)  DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS C	R AS A CONSEQUENCE OF CONTRIBUTING TO	JENCE OF JENCE OF DEATH BUT	Pulmon	ARY FO	VT R CONDITION	LI	Tip	D
shows any injury, or other troumatic event, it	ERTIFICATION	Conditions, if ony, gove rise to imm couse (o), storing underlying couse  PART 2. OTHER SIGN  19a. DATE OF OPERAT	which nediote g the lost.	DBY: E CAUSE (o)  DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS CI	R AS A CONSEQUENCE OF THE PROPERTY OF THE PROP	JENCE OF JENCE OF DEATH BUT	PULMONI NOT RELATED TO THE TERM	AFY F	RCONDITION  Y?   206. IF	GIVEN IN PART  YES, WERE FINI RTIFYING CAUS YES	DINGS USEE	D TH?
m 18 shows any injury, or other troumotic event, if	AL CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stoting underlying couse  PART 2. OTHER SIGN  19a. DATE OF OPERAT  21a. ACCIOENT WAS UNDO OR CONTRIBUTING C	which lediote g the lost.	D BY:  E CAUSE (o)  DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS C  H  19b. COND  21b. TIME C HOUR A	R AS A CONSEQUENCE OF INJURY MONTH DE	JENCE OF DEATH BUT	Pulmone  DEP	AFY F	RCONDITION  Y?   206. IF	GIVEN IN PART  YES, WERE FINI RTIFYING CAUS YES	DINGS USEE	D IH?
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f: If them 21 is morked or them 18 shows any injury, or other troumotic event, to	-	PART I. DEATH W.  Conditions, if ony, gove rise to imm couse (o), stoting underlying couse  PART 2. OTHER SIGN  21a. ACCIOENT WAS UND OR CONTRIBUTING COUR WHILE NOTHY MEDIC 21d INJURY OCCURR WHILE NOTHY MEDIC AT WOR  22a. I certify that (1) saw the decease	AS CAUSEI IMMEDIAT  which lediote g the lost.  AIFICANT C  AUSE OF DEA  ALEXAMINER  ED  (this hospit d olive on.	DBY: E CAUSE (o)  DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS C  TH  19b. COND  21b. TIME C  HOUR A  P.  21c. PLACE (AT HOME, ST	R AS A CONSEQUENCE OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, Le deceosed from	DEATH BUT H OPERATIO  DAY YEAR 19  FARM EIC)	PULMON  TO RELATED TO THE TERM  ON WAS PERFORMED  21c. HOW INJURY OCCUP  21f. LOCATION  STREET  19  nd that in (my) (our) opinion  EGREE  ATTENDING	AFFY TO STAND AND AND AND AND AND AND AND AND AND	R CONDITION  Y? 206. IF IN CE  O TOWN  ITY OR TOWN  STAFF	GIVEN IN PART  YES, WERE FINI RTIFYING CAUS YES   18. PART 1 OR PART 2  COUNTY  19. SD  hour ond from 1	DINGS USED ES OF DEAT NO (1)	D [H?]
\$TANT: If Item 21 is morked or Item 18 shows any injury, or other troumotic event, the	-	PART I. DEATH W.  Conditions, if ony, gove rise to imm couse (o), storing underlying couse  PART 2. OTHER SIGN  21a. ACCIOENT WAS UND OR CONTRIBUTING CHE EITHER NOTIFY MEDICAL AT WORK  WHILE NOT WHILE AT WORK  22a. Certify that (I) sow the deceose obove Ill well will work.	which lediote go the lost.  WIFICANT CONTROL OF DEA ALEXAMINER.	DBY: E CAUSE (o)  DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS C  TH  19b. COND  21b. TIME C  HOUR A  P.  21e. PLACE (AT HOME, ST	R AS A CONSEQUENCE OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, Le deceosed from	DEATH BUT H OPERATIO  DAY YEAR 19  FARM EIC)	PULMON  TOT RELATED TO THE TERM  ON WAS PERFORMED  21c. HOW INJURY OCCUP  21f. LOCATION  STREET  ATTENDING PHYSICIAN  ATTENDING PHYSICIAN	ZOG AUTOPS  YES N  RRED (ENTERNATURE  CO  To deoth occurred o	R CONDITION  Y? 206. IF IN CE  O TOWN  ITY OR TOWN  STAFF	GIVEN IN PART  YES, WERE FINI RTIFYING CAUS YES   18. PART 1 OR PART 2  COUNTY  19. SD  hour ond from 1	DINGS USEE ES OF DEAT NO []	D [H?]
MPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumotic event, the	-	PART I. DEATH W.  Conditions, if ony, gove rise to imm couse (o), stoting underlying couse  PART 2. OTHER SIGN  21a. ACCIOENT WAS UND  OR CONTRIBUTING COURT  WHIE NOTHY MEDIC  21d INJURY OCCURR  WHIE NOTHY MEDIC  22a. I certify that (1)  sow the decease obows, II (well)	which lediote go the lost.  WHICANT COMMENT OF THE LOST OF THE LOS	DBY: E CAUSE (o)  DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS CI  19b. COND  19b. COND  21b. TIME C  HOUR A  P.  21e. PLACE (AT HOME, ST	R AS A CONSEQUENCE OF INJURY M. MONTH D M. OF INJURY REEL FACTORY, OFFICE.  THE DESCRIPTION OF THE CONSTRUCTION OF THE CONSTRU	DEATH BUT H OPERATIO  PAY YEAR 19  FARM EIC)  M-D	PULMON  DEP  NOT RELATED TO THE TERM  ON WAS PERFORMED  21c. HOW INJURY OCCUP  21f. LOCATION  STREET  ATTENDING PHYSICIAN  22e. ADDRESS 45	AFFY FOR MINAL DISEASE OF THE STATE OF THE S	R CONDITION  Y? 206. IF IN CE  O TOWN  ITY OR TOWN  STAFF	GIVEN IN PART  YES, WERE FINI RTIFYING CAUS YES   18. PART 1 OR PART 2  COUNTY  19. SD  hour ond from 1	DINGS USEE ES OF DEAT NO ["")  s'  , that (I) (v he couses sta	D [H?]

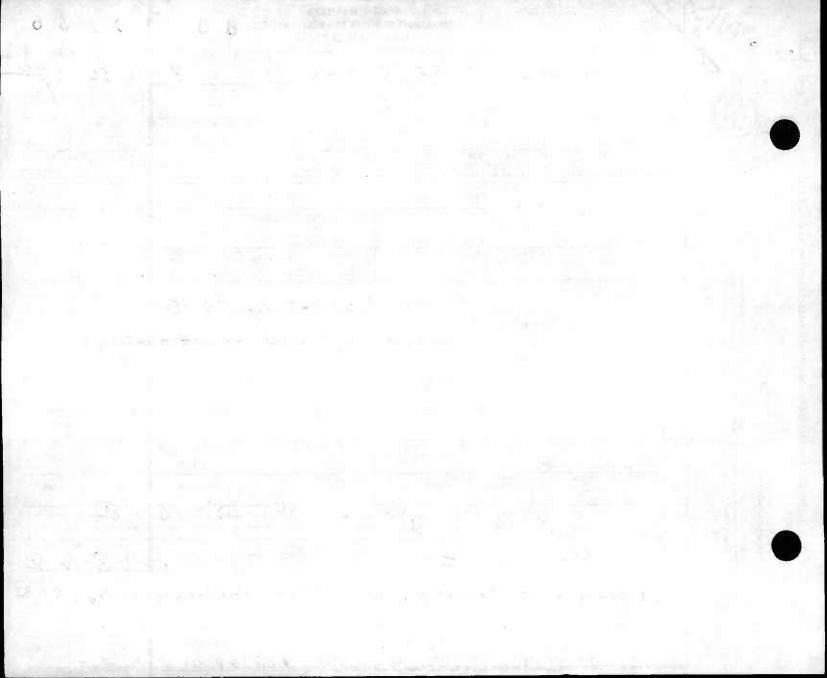
BP. DHMH-16 30M 2/80 (VRA 15, 4)



# TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by amould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. AD HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 getained by the hospital or attending physician.

## STATE OF MARYLAND

3	1.	FOR STATE REGISTRAR				H AND MENTAL HYC	REG. 1	10.	9 /	3 6
1		CEASED NAME FIRST	WIDDLE	SEI	DEN	MAN	2R DATE OF DEATH	MONTH DA	0-80	26. HOUR 2
1	1 58	WALE	4 RACE	5. 1	DATE OF BIR	TH DAY YEAR 30 05	AGE (IN YEARS LAST BE		UNDER I YEAR	# UNDER 24 HRS
35	C	RTHPLACE ISTATE OR FOREIGN MARYLAND	76 CITIZEN OF WHAT USA	W	DOWED	NEVER MARRIED	BALTIN	ORE COL		MI
\$55	F	TY OR TOWN OF DEATH RANDALLSTOWN		E COUNTY	GEN.	HOSPITAL	128 USUAL OCCUPA (TYPE OF WORK FOR MOST EXECUT ]	OF WORKING LIFE)	INDUSTRY	F BUSINESS OR CH RUBBE
miner m	USU/ 13r S	TATE MARYLAND BA		AERIMORE IIYORTOWN XXXXXXX	MIM 113d.	NSIDE CITY LIMITS?	13R SIREET ADDRESS 8124 STR	EAMWOOD	DR.	#21208
13/3c		NATHAN		I DENMAN		LOTTIE	MIDDLE		JACOB	
event, the me		VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV NO	WAR OR DATES	OCIAL SECURITY		NFORMANT MRS 124 STREAM	. ELSIE SEN WOOD DR.	DENMAN BALTO.,		21208
ny injury, or other	NOI	gave rise to immediate couse (a), stoting the underlying cause last  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A			RELATED TO THE TERM	NINAL DISEASE OR COL	NDITION GIVEN	N IN PART 110	13
18 shows a	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPE	RATION WA	SPERFORMED	200 AUTOPSY?		WERE FINDIN NG CAUSES	
or Item 1		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M.	JRY MONTH DAY	YEAR 19	HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18, PAR	T 1 OR PART 2)	
marked	MEDICAL	21d. INJURY OCCURRED  WHILE OF NOT WHILE OF AT WORK	21R PLACE OF IN. (AT HOME, STREET, FAI			LOCATION	CITY OR TO	wn .	COUNTY	STATE
tem 21 is		220.1 certify that (1) (this hospi sow the deceosed alive on above, (1) (we) (did) (did no	X-16	10 0			death occurred on the	dote and hour o	and from the c	
ANT: If I		226. SIGNATURE	inor	8	DEGR	ATTENDING	MEDICAL STA		22c. DATE 5	-16-82
IMPORTANT		ORLANDO	B. Co.	KANAN	s, mo	BCGA	- RANDAL	Istout	I hed	1.211:
_	(:	URIAL, CREMATION, REMOVAL PECIFY) BURIAL	AUG.18,19	980 BAL	TIMORE	E HEBREW	REISTERS		RETO.	MDTATE
5 25M 4) 1/79	24 FL	NAME SOL L	EVINSON &		NC. MD	21215 Z	UG 1 9 1000	256. REGISTRA	AR'S SIGNATU	JRE O



TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Page 4 may be

## FOR

## DE

STATE OF MARYLAND						
PARTMENT OF HEALTH AND MENTAL HYGIENE ECENTIFICATE OF DEATH	3	0	9	1	3	1
CENTIFICATE OF DEATH		REG. NO.				

REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	D	
1 DECEASED NAME (TYPE OR PRINT)	FIRST	WIDOLE	0	AST FILED	2a DATE OF DEATH	MONTH DAY YEA	
3. SEX	4 RACE	6	5. DATE C	-216165	6 AGE (IN YEARS LAST BIRTI	20.	0 3:05
Female	2 / 4	ac K		24, 1935 YEAR	AGE (IN YEARS LAST BIRT		AYS HOURS /
70. BIRTHPLACE ISTATE ORFO	DREIGH 76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	Baltimore CITY O	COUNTY OF DEATH	н
OWINGS MIL	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET	G HOME C	PROTHER INSTITUTION	12g. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF None		ID OF BUSINESS
USUAL RESIDENCE (IF NURS 130 STATE Md.	ING HOME OR OTHER INSTITUTION 136. COUNTY Balto.	130. CITY OR TOWN	Mills	13d INSIDE CITY LIMITS? YES NO	13: STREET ADDRESS	d Center	
14 FATHER'S NAME FIRST <b>Unkn</b>	own	LAST		15. MOTHER'S MAIDEN NA. FIRST Gertrude	ME	Sellers	LAST
160. WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	None	RITY NO.	17. INFORMANT  Rosewood F	ADDRE Records	SS	
PART 2. OTHER SIGN 190. DATE OF OPERA 210. ACCIDENT WAS UND				NOT RELATED TO THE TERM	INAL DISEASE OR CONE	20b. IF YES, WERE FIN	
TIFIC					YES NO	IN CERTIFYING CAU	
OR CONTRIBUTION TO	AUSE OF DEATH HOUR A	OF INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART	2)
(IF EITHER, NOTIFY MEDIC  21d. INJURY OCCURF  WHILE NOT WI AT WORK AT WO	HILE TI	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	CITY OR TOW	N COUNTY	STATE
saw the decease	(this hospital) attended the dolive on	17 10 6	) EP. 12. an	d that in (my) (our) opinion	to HU Godeoth occurred on the do	te and hour and from	, that (I) (we the couses state
22b. SIGNATURE	It C. Ol	arreps.	14.	ATTENDING PHYSICIAN	MEDICAL STAF	F -1 13	ate signed
TOSEL 1		LMPO		ROSEWOOL	CENTE	2 own	165 10
230. BURIAL, CREMATION,	REMOVAL 236. DATE Aug. 21	-80 P	AME OF C	emetery or crematory od Cemetery	23d LOCATION	Mills Md	STATE

DHMH - 16 60M 7/73 (VR A 15 (4))

retained by the haspital or attending physician.

24 FUNERAL DIRECTOR Eline Funeral Home Reisterstown, Md. 21136

250. DATE REC'D. BY REGISTRAR 25b. RECORAR'S SIGNATURE

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Managed And Company to Aug. The Company of the Comp

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL SA ATTENDING PHYSICIAN retained by the hospital or attending physician.

1	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8 0	40	9 .	7 3
		CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
			MARY		MARGARE	T SE	NDECK		8 29	80	1:554
	3 SE	(	4	RACE	235	5 DATE C	OF BIRTH	& AGE (IN YEARS LAST BE	RTHDAY)	MONTHS DAYS	
once.		FEMALE		WHITE	1000	Marc		65	YRS	MONING DAIS	, ious
at _		RTHPLACE (STATE OR FO	OREIGN 7h.	CITIZENOF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
Solition States	Pe	nnsylvan		U.S	.A.	WIDOWE		BALTIMORE	COLINT	ν	
ا ساق		OWSON	ATH 11		H FACILITY, GIVE STREET		OR OTHER INSTITUTION	tive of work for most Cleaning		IZIL KIND INDUSTR Real	of Business Esta
Niner must	13a S	AL RESIDENCE (IF NURS STATE Md.	13b/COUNTY	HER INSTITUTION	GIVE RESIDENCE BEFOR 13c CITY OR TOW Balto.	re admission) VN	13d. INSIDE CITY LIMITS? YES TO NO	3721 Pa	scal	Ave.	
dical exam	14. FA	THER'S NAME FIRST Michae		DDIE	Garber		15. MOTHER'S MAIDEN NA	MIDDLE		Baker	A51
2		VAS DECE ASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARME		166 SOCIAL SECT 185 26	3585	Andrew Sen	deck Jr.	X		C EXIMATE INTERVA
her traumatic event,		Conditions, if only		DUE TO, O	R AS A CONSEOU	ENCE OF					
ws any injury, or other	ICATION	gove rise to immore cause (a), stating underlying cause	mediate ag the lost	DUE TO, O	R AS A CONSEOU METASTAT DNTRIBUTING TO	ENCE OF IC CA DEATH BUT	OF BREAST T NOT RELATED TO THE TERM	MINAL DISEASE OR COP	20b. IF YE	ES, WERE FIND	INGS USED
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or Item 18 shows any injury, or other	MEDICAL CERTIFICATION	gove rise to immodule to the course (a), statir underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNITOR CONTRIBUTING (I) (IF EITHER, NOTIFY MEDIC  21d. INJURY OCCUR!	mediate ng the 19 the 10st 10st 10st 10st 10st 10st 10st 10st	DUE TO, O  (c)  196 COND  216 TIME C HOUR A.	R AS A CONSEQUENCE OF INJURY M. MONTH D	ENCE OF  IC CA  DEATH BUT  OPERATION  AY YEAR  19	T NOT RELATED TO THE TERM	200 AUTOPSY?	206. IF YE IN CERT Y URY IN ITEM 18.	ES, WERE FIND IFYING CAUSE (ES	INGS USED
m 21 is marked or Item 18 shows any injury, or other		gove rise to imma cause (a), safair underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNIOR CONTRIBUTING  (IF EITHER, NOTIFY MEDIC  21d. INJURY OCCUR!  WHILE NOTIFY ON THE NOTIFY WHILE NOTIFY NOTIFY WHILE NOTIFY NOTIFY NOTIFY WHILE NOTIFY NOTIFY NOTIFY WHILE NOTIFY	mediate ng the property the cause of Death ALEXAMINER  (this hospital ed glive of	DUE TO, O  (c)  NDITIONS CO  196 COND  216 TIME CO HOUR A. P. 216 PLACE (AI HOME, ST)  ottended th	R AS A CONSEOU  METASTAT  DITRIBUTING TO  ITION FOR WHICH  ITION FOR WHICH  M. MONTH D  M.  OF INJURY  REET, FACTORY, OFFICE,  e deceased from  19	ENCE OF  IC CA  DEATH BUT  OPERATIO  AY YEAR  19  FARM, ETC.)	T NOT RELATED TO THE TERMON WAS PERFORMED  21c HOW INJURY OCCUR  21l LOCATION STREET  19 80  ind that in (my) (our) opinion	200 AUTOPSY? YES NO CITY OR TO	20b. IF YE IN CERT Y URY IN ITEM 18.	ES, WERE FIND IFYING CAUSE (ES	STATI
If Item 21 is marked or Item 18 shows any injury, or other		gove rise to imma cause (a), statir underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERA  21a, ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC  21d. INJURY OCCUR  WHILE NOT WAT WORK AT WORK AT WORK AT WORK  22a   certify that (1)    sow the decease above, (1) (we) (2)  22b SIGNATURE  22b SIGNATURE	mediate ng the ng the list lost NIFICANT CO  TION  DERLYING CAUSE OF DEATH LAL EXAMINER)  RED  WHILE CHISTON  (this hospital ed alive on did (ald not)	DUE TO, O  (c)	R AS A CONSEOU  METASTAT  DITRIBUTING TO  ITION FOR WHICH  ITION FOR WHICH  M. MONTH D  M.  OF INJURY  REET, FACTORY, OFFICE,  e deceased from  19	ENCE OF  IC CA  DEATH BUT  OPERATIO  AY YEAR  19  FARM, ETC.)	211 LOCATION SIREET  Description  Description  ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY OR TO	206. IF YE IN CERT Y URY IN ITEM 18.	ES, WERE FIND IFYING CAUSE (ES	INGS USED S OF DEATH'
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dea

TO HOSPITAL OF ATTENDING PHYSICIAN retained by the hospital or attending physician.

			nces Marie SERSEN AST	August 15, 1980 3	HOUR :00
once.	6	remale (	aucasian 1/ 5 /924	55 YRS. MONTHS DAYS HO	OURS M
fied at	M	RTHPLACE STATE OR FOLIGN 76.	MARRIED NEVER MARRIED DIVORCED	Date more country	791
ou 957	10 6	Da timore	NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	12 TOUAL OCCUPATION (17) PT OF WORKING LIFE) KIRLUSTRY  OF ETEVIA	USINGSS
35	USU/ 130. S		THE INSTITUTION, GITTLE COLOR SSION)  134. INSIDE CITY LIMITS?  POPULY ES NO.		212
DE30	C	TANEV MID	15. MOTHER'S MAIDEN I	NAME MIDDLE LAST	
the med	16a W	VAS DECEASED EVER IN U.S. ARME VERNO ORUNKNOWN) IF YES, GIVE W.	AR OR DATES)	ud Sersen 3802 Chest	out
noval.		IS CAUSE OF DEATH LEnter only PART I. DEATH WAS CAUSED I	one couse per the for a rest	APPROXIMATI BETWEEN ONSE	INTERVA T AND DE
n, or rei		4280	DUE TO, O PAS A CONSEQUENCE OF THE CONSEQUENCE OF T		
emation		Conditions, if any, which gave rise to immediate cause 101, stating the	(b)		
rial, cr		underlying cause last	) DUETO. O'CONGESTIVE Heart Failure		
r to bu	NO.	Alcoholic C	NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
shows a	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?  YES NOW	USED DEATH?
HV9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		URRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	
or Item	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN COUNTY	STATE
h and Mental F narked or Item		220 I certify that A (this hospital		On death occurred on the date and hour and from the course	K (we
f Health and Mental H		sow the deceased alive on	view the body after death.	22s. DATE SIG	
Dept. of Health and Mental H If Item 21 is marked or Item		sow the deceased olive on above, M (we) (did) (sid pla) v	DEGREE		1
Dept. of Health and Mental If Item 21 is marked or Item		abave, of (we) (did) (did par) v	DEGREE ATTENDING PHYSICIAN	_ MEDICAL _ STAFF _ CILE	80
with the State Dept. of Health and Mental b IMPORTANT: If Item 21 is marked or Item		27b. SIGNATURE	DEGREE  ATTENDING PHYSICIAN  270 ADDRESS	MEDICAL STAFF C 1 =	1

Trejansur) Principalis. Do An one Transland So Alo par Chaile & Pephilican Caltimore by Salaty all the Control Stratey - Wadaley Bit of I have been been been been been The state of the s Cymount has an english a feet at Alexander Mary from the

AARYLAND 21201	ted within 24 hours after death. Pag	pletely filled in by the funeral direc id 2 should be filed within 72 hours
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deem. Pagretained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction and be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BP.

DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner

74 FUNERAL DIRECTOR
Mac Nabb Funeral Home

Page 4 may be

FOR

### STATE OF MARYLAND 0

1	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG.	40.	, ,	-1 0	
	CEASED NAME FIRST		MIODLE	ĺ.	AST	20 DATE OF DEATH	MONTH DA	YEAR	26. HOUR	
Titre.	Helei	n Ka	therine	Sr	nannon	August	1, 198	0	1:05 P	
3. SE	X	4 RACE		S. DATE C		6 AGE (IN YEARS LAST BE		FUNDER I YEAR	_	
	Female			Oct.	16, 1929	50	YRS.			
70. B	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?		MARRIED NEVER MARRIED		BALTIMORE CITY OR COUNTY OF DEATH				
	aryland USA			WIDOWED DIVORCED		Baltimore County MD.				
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING				12a USUAL OCCUPA TYPE OF WORK FOR MOST			OF BUSINESS OR	
P	Arbutus		1208 Brewster		ceet 21227	Housewife Home				
USU 13a	AL RESIDENCE IN NURSING HOME OF		, GIVE RESIDENCE BEFORE		1134 INSIDE CITY LIMITS?	130 STREET ADDRESS				
N		timore	Arbutu		YES NO X	1208 B	rewste	r St.	. 2122	
14. E.	ATHER'S NAME	MIDDLE	LAST		IS. MOTHER'S MAIDEN NA	ME		134		
	Frederick	MIDDEL .	Jones		Rena	Fuller			ler	
	WAS DECEASED EVER IN U.S. A		16 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDI	RESS			
,	S, NO OR UNKNOWN] (IF YES, GIVE WAR OR DATES		217-26-3068 Mr. Wm. Ho			oward Sha	nnon	Same	as #13	
	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH									
	PART I. DEATH WAS CAUS	ED BY:			Caroinoma d	of the Osm	arias		Dissel Also Deally	
	IMMEDIATE CAUSE 10) Metastatic Carcinoma of the Ovaries									
	DUE TO, OR AS A CONSEQUENCE OF									
	Conditions, if any, which (b)									
	gave rise to immediate									
	couse (a), stating the DUETO, ORAS A CONSEQUENCE OF underlying cause lost									
		(c)								
N	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	UDITION GIVE	N IN PART 1	(0)	
CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES,	WERE FINDI	INGS USED	
F						YES NOT	IN CERTIFY YES		S OF DEATH?	
ERI	21a ACCIDENT WAS UNDERLYING 21b, TIME OF INJURY			21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)						
	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR									
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE		M. OF INJURY	19	211 LOCATION					
ME	WHILE NOT WHILE		REET, PACTORY, OFFICE, F	ARM, ETC.	STREET	CITY OR TO	)WN	COUNTY	STATE	
	AT WORK	AD/		011		- 2/		3		
-	The I certify mut (1) this hospital) attended the decrosed from									
1	saw the discrete of the dot on the date and hour and from the causes stored above. If the local did not present the body ofter death.									
1	22. DEGREE 22. DATE SIGNED									
	1 James	4	X mysol	tho	ATTENDING PHYSICIAN P	MEDICAL STA	AFF ICIAN [	Aug.	. 1, 19	
	228 PHYSICIAN'S NAME (TYPE	OR PRINT)			220 ADDRESS	1)	900	( A-17)1	Aur.	
	DIANA H	, (9R	1 FERTH		ST. HOURS	HOSPITAL	BAKT	HORE.	MADIE	
23o I	BURIAL, CREMATION, REMOVA	L 23b. DATE	23, 1	NAME OF C	EMETERY OR CREMATORY	234 LOCATION				
(	Cremation	8/2/			ity Process	Catonsv		DO 7 4	STATE TO THE	
24 F	UNERAL DIRECTOR	0/2/	00   5	CULI		E REC'D. BY REGISTRA		Balt.	Md.	
	c Nabb Funera	J Home	ADDRESS	~~~477		UG 4 198		May /X	( Credy	
IAIC	ionado ennera	a nome	Caton	SVII	P. WICH		7			

Catonsville, Md.

THE 4 1989 NEW YORK

1	1			STAT	E OF MARYL	AND				-		
	Iъ.	FOR - STATE	DEPART			MENTAL HYG	IENE 8 ()		9	1	4	
	Ι.	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	10				
		CEASED NAME FIRST	MIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY YE	EAR	26. HOUR	
	(TYPE	An at	ela M.	Sh	inle	1		8	3 9	0	4.4	5 AM
	3 SE	x , )	RACE	5. DATE O		7	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I	YEAR	IF UNDER 2	4 HRS
		Female	White	MONTH	DAY 2	7 9 3	87	YRS.	MONTHS	DAYS	HOURS	MIN
		IRTHPLACE (STATE OR FOREIGN 7	6 CITIZEN OF WHAT COUNTRY	? 8.	D NEVER	MARRIED [	9 BALTIMORE CITY	OR COUNT	Y OF DEAT	TH	70.7	-1
23	B	alto No	4.5.	WIDOWE		NORCED	Coul	741	1 B	1461	INCK	14 MD
	10 C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURS		OR OTHER INS	TITUTION	120 USUAL OCCUPAT				FBUSINES	SOR
C	To	rwson	TOW SON CO	nuale	scent	Hone	(TYPE OF WORK FOR MOST O	)F WORKING L	1 1 1	O S	0-	
30	13a S	AL RESIDENCE (IF NURSING HOME OR C STATE) 13b. COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORM  13c CITY OR TO		1 13d. INSIDE	LITY LIMITS?	13e. STREET ADDRESS			,	V	
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	14. FA	ATHER'S NAME FIRST (33 M)	IDDLE LAST		15. MOTHER	S MAIDEN NA/						
0		late Thomas M:			late	FIRST	MIDDLE			LAST		
		WAS DECEASED EVER IN U.S. ARM	NED FORCES? 166 SOCIAL SEC	URITY NO.	17. INFORM	ANT	(S60) ADDR	ESS				
	(	YES, NO OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES)	20 154	Gin	Chin	Yev 715	1	. /.	n.		
-		140	1 × 100-2	9-076	Joy	Ship	1ey 2/15	hince		DOBANI	E .	
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY:		-1.	11	07.		BETY	WEENO	MATE INTERV	ÊÀTH
		IMMEDIATE	1/4.	nence	uj al	filme	tarley			ne	u	-
		4140	DUE TO, OR AS A CONSEQU	UENCE OF	no it					1/		
		Conditions, if ony, which	(b)	1	15 4	1)				16	mi	1
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	IENCE OF	1			5-4	/	/		
		underlying couse lost.	DOL TO, ON AS A CONSECU	DEINCE OF								
		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT DELATE	TO THE TERM	INIAL DISEASE OR CON	DITION CE	VENTINI DA	DT 1/-		
	CERTIFICATION	TAKE 2. OTTEK SIGNIFICANT CO	NOTIONS CONTRIBUTION TO	DEAIN BOT	NOT KELATET	) TO THE TERM	INAL DISEASE OR CON	DITION GI	TEN IN PA	IKI IIO		
0	13	196. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?		S, WERE F			
7	E	Charles -					YES T NOT		ES	102E2	NO []	17
0	l e	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	1.62	21c. HOW IN	JURY OCCURF	RED (ENTER NATURE OF INJU	RY IN ITEM 18,	PART 1 OR PA	RT 2)		
7		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT IFY MEDICAL EXAMINER)										
-	MEDICAL	21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	21f, LOCATI	ON				_		
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		AT WORK NOT WHILE		0		-	- 0	- >				
		220.1 certify that (I) (this haspita	I) ottended the deceosed from	80111	an 1	, 19		1-3	19_1		hot (I) (we	,
		sow the deceased alive on bove, (I) (we) (did) (did not)	view the body after death.	101	nd that in (my	(our) opinion o	death occurred on the d	ote and had	or and from	m the c	ouses state	ed
		226. SIGNATURE	0		DEGREE				22€. [	DATES	IGNED	
		5-1116.10	usan		Mi)	ATTENDING PHYSICIAN	MEDICAL STA		15	7/3	150	
1	1	22d. PHYSICIAN'S NAME CTYPE OR I	PRINT)		22e ADDRES		J DIRECTOR LI FITTSI	0	10	/-	10	
1		FILID	4 GAN		1	- ER	276657	Bar	TIMI	ale	5 K	4)

DHMH - 16 60M 7/73 (VR A 15 (4))

should be detoched for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal

MPORTANT: If Hem 21 is marked or Hem 18 shows any

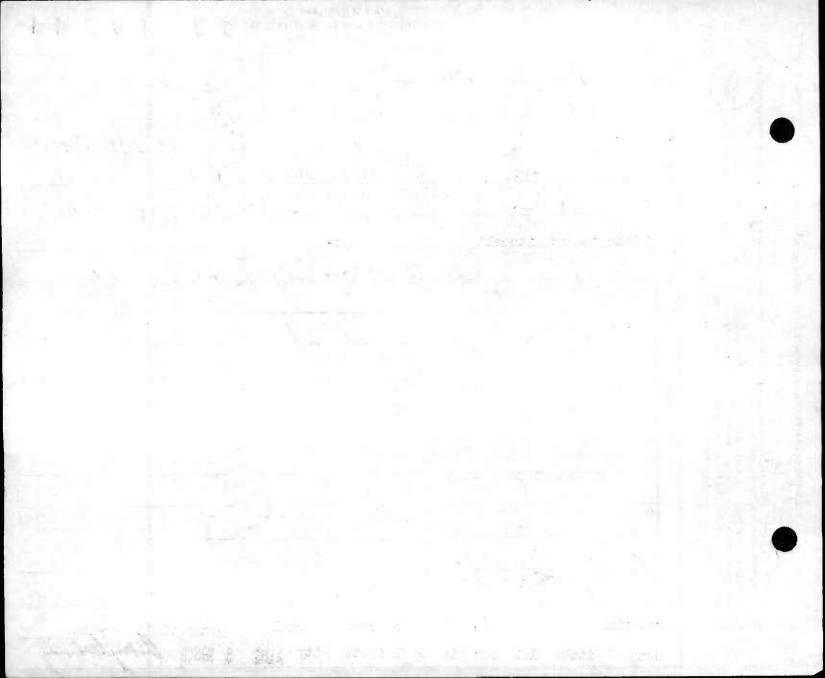
TO FUNERAL DIRECTOR: After this certificate has been

medical examiner must be natified at the

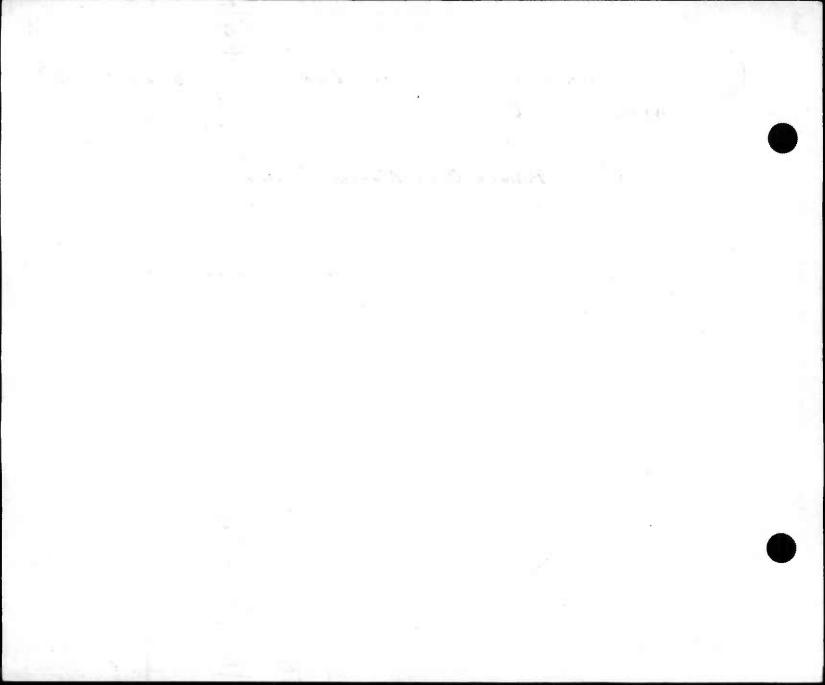
236. BURIAL, CREMATION, REMOVAL Cremation 236. DATE Aug 4, 1980

23c. NAME OF CEMETERY OR CREMATORY Westview Memorial

OR CREMATORY
Memorial
Catonsville Maryland
City AUG 5 1980 Harry H Witzke 4112 Columbia Rd Ellicott



3		1	STATE OF MARYLAND  FOR STATE STATE REGISTRAR  STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 9 7 4 2  CERTIFICATE OF DEATH  REG. NO.
4 may be	M	1. D	MONTH DAY YEAR CO. MONTHS DAYS HOURS MIN
fter deam Page	rethin 72 hours of	7	MALE COUCOSION DEC. 11, 1880  YRS  RTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED   NEVER MARRIED   WIDOWED DIVORCED    UTY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  IT USUAL OCCUPATION  17. KIND OF BUSINESS OR  IT OF OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  IT OF OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
within 24 hours o	d 2 should be filed in by the	2	AL RESIDENCE (IF NURSING CENTER COS) THOUGHT IN THE COS TO THE PROTECTION OF THE PRO
be executed	is. Pages 1 and is medical exam	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO BRUMSNOWN) (IF YES, GIVE WAR OR DATES) 213107506 J. Lawrence Bellew Sn. 8803 May Housen Be
201 W. PRESION St., BA	ned by the ottending physicion please remove corbon popers. Pural, cremotion, or removal.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1 (a)
CIAN The law requir	certificate has been signed uriol-transit permit. Then plu Aental Hygiene prior to burior if them 18 shows any injury, o	AL CERTIFICATION	Service Dementia, avenue & to haematury'a  196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO 2  216. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  HOUR A.M. MONTH DAY YEAR  P.M. 19
TTENDING PHYSIC	TOR. After this for use as the bu of Health and M 21 is marked or	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M. 19    19
O HOSPITAL SATT	TO FUNERAL DIRECTOR Should be detoched with the Stote Dept.		DEGREE M. D. ATTENDING MEDICAL STAFF 8 23/80  22d PHYSICIAN'S NAME (TYPE OR PRINT)  22e ADDRESS 210 POT Spring Road Med 21093
609 BP	HMH-16 20M A 15, 4) 7/78		BURIAGO CREMATION, REMOVAL 7336 DATE 236 NAME OF CEMETERY OF CREMATION 236 LOCATION COUNTY CO



DHMH - 16 50M 7/77 (VR A 15 (4))

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

	9	7	4/3
1			

		STATE REGISTRAR			DEFARIN		ICATE OF DEATH	REG. N	10.		-170	
	1. DEC	CEASED NAME ORPRINT)	ALICE		MIDDLE	SIS	SON	August 1	9, 1980	YEAR	12 Noon	
	3 SEX	Female		4 RACE Whi	te	5. DATE O	ust 7, 1856	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
5		RTHPLACE ISTATI			WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O Baltim	or county of		MD.	
)		isterst			HOSPITAL, NURSING CAVE STREET		DR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEW	ON Ewerking (IFE)	126. KIND C INDUSTRY	OF BUSINESS OR	
5	USUA 13a. S	AL RESIDENCE (III	F NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e SIREEI ADDRESS 1032 Kin	gsbury	Roa	d	
2	14. FA	Benjami	n	MIDDLE .	Kendi <sup>kast</sup>		Is mother's maiden name. Fannie	MIDDLE	Durham	l LAS	57	
	160. W	VAS DECEASED E (ES, NO OR UNKNOW!	EVER IN U.S. AR.	MED FORCES? WAR OR DATES)	216-01-3		17 INFORMANT Irs. Frances ]	E. Miller	Reiste	rstow	n, Md.	
	TION		immediate stating the couse last.	DUE TO, O		NCE OF C. S. C. L. EATH BUT	NOT RELATED TO THE TERM		23.11			
>	CERTIFICATION	19a DATE OF OF		196. CONDITION FOR WHICH OPERATION				20a AUTOPSY? YES NO	WERE FINDINGS USED YING CAUSES OF DEATH?			
		OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEA	TH HOUR A	OF INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)					
	MEDICAL	21d INJURY OCCURRED  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION STREET CITY OR TOWN							WN	COUNTY	STATE	
			ceased glive an we) (did) (did no		ne deceased from	. 01	, 19	, ta death occurred on the d	ate and hour a			
		22d PHYSICIAN	SNAME (TYPE OF	PRINT)	m		ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STA DIRECTOR PHYSIC	FF CIAN [	8/	21/80	
	22a B	M' A	Lon S	23b. DATE	ff H.]	).	11969 Res	sters to a	in R	1.		
	P	Stirial		Aug. 22	,80 <sup>23C N</sup>	Glen	Haven Memoria	al cm Glen			STATE	
		INERAL DIRECTO		ome Re	ADDRESS isterstown	n. Md	27136 NIII	REC'D. BY REGISTRAN	Troping .	No.	redy	

24.	6-1 (T.25)					
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	de Paris	acuin				rte brieff
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Maria .						and state of

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral disshould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hai with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

retained by the haspital ar attending physician.

DHMH-16 30M 2/80 (VRA 15, 4)

	1.	FOR - STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND LEALTH AND MEN' ICATE OF DEAT		ENE 8 0	19	144
		CEASED NAME FIRST	MIDDLE	L	AST	T	Za. DATE OF DEATH		YEAR 26 HOUR
k .	(TYP8	EDWAR	D	SMIA	LKOWSKI		August 21,	1980	11:28 <sup>a</sup>
9	3 SE		4 RACE	5. DATE C	OF BIRTH	6	AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	I YEAR IF UNDER 24 HRS
		male	white	5 MONTH	1 1	YEAR 900	80	YRS.	DAYS HOURS MIN.
		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	ITRY? 8.	D NEVER MARK	9150 🖂	BALTIMORE CITY OF		ATH
\$35		Maryland	USA	WIDOWE		CED 🗆	Baltimore (	County	MD.
hotified		Baltimore	11. NAME OF HOSPITAL, NI  (IF NOT IN SUCH FACILITY, GIVE  Franklin So	STREET ADDRESS)		ION I	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		CIND OF BUSINESS OR JSTRY
ed is	13a S	AL RESIDENCE (IF NURSING TO COUNTY OF THE CO	13c. CITY OR		13d Inside City L Yes 🛣 No		3e. STREET ADDRESS	alk Avenu	e
3800	14 FA	ATHER'S NAME FIRST Walter	Smialkowsk		15 MOTHER'S MA FIRST Fran		MIDDLE	Kolanke	wicz
event, the medical			F WAR OR DATES!	SECURITY NO.	17 INFORMANT		ADDRE		
e m	_	18 CAUSE OF DEATH (Enter on		0081 A	Dolores	Pumm	ery 1009 D		APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
y injury, ar ather traumatic	ATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT C	DUE TO OR AS A CONS	EQUENCE OF	NOT RELATED TO	NP/A	NO HERAL SEMINAL DISEASE OR COND 1200 AUTOPSY?	2	ART 1(0)
shows any	CERTIFICATION		190. CONDITION FOR W	HICH OPERATIO	N WAS PERFORME	0	YES NO	IN CERTIFYING C	AUSES OF DEATH?
Hem 18 s		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR P	ART 2)
rked or	MEDICAL	216. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O	FFICE, FARM, ETC )	211. LOCATION STREET		CITY OR TOV	vn cou	NTY STATE
MPORTANT: If them 21 is marked or them 18			1 1000	.19, or		9 ) opinion de	oth occurred on the do	te and hour and fro	, that (I) (we) last om the causes stated
TZ = Her		276. SIGNATURE E MILITARE	m Men	ene &	PHYS	NDING SICIAN	MEDICAL STAF	F	8/22/80
RTA		224 PHYSTCIAN'S NAME (TYPE O			22e ADDRESS				
NPC -		Dr. Enrique					Ave. 21224	1	
		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE 8/25/80		Roaary		23d. LOCATION CITY OF TOWN Baltimon		Md
80	24 FI	UNERAL DIRECTOR Walter Dabrowsl	ki 1005 Dunda	ilk Aven	ue	AUG	REC'D. BY REGISTRAR 2 2 7 1980	Sb. REGISTRAR'S S	Activedy

THE TWO DESCRIPTIONS OF STREET

ratter unpersonal 1000 nommal nyestes

executed within 24 hours

requires that the death certificate be

ATTENDING PHYSICIAN: The law bital or attending physician.

TO HOSPITAL OH ATTE

## STATE OF MARYLAND

EPARTMENT OF HEALTH AND MENTAL HYGIENE

8 0

9 7 4 5

LDE	CEASED NAME	FIRST		MIDDLE		ICATE OF DEATH	REG.		DAY YEAR	Izh, HOUF
	E OR PRINT)						IN. DATE OF DEATH	_		78. HOUR
		PARD		<i>I</i> •		SMITH		- V	31-80	/
1 SE	X	1	RACE		5 DATE C		& AGE (IN YEARS LAST B	MTHDAY)	MONTHS DAYS	_
	Male		CAUCA	CIAN	5	23 12	68	YRS.		
	IRTHPLACE (STATE OR F	OREIGN 76	CITIZENOF	WHAT COUNTRY?	B.	D W NEVER MARRIED	9 BALTIMORE CITY			100
	Penna		U.S.A	Α.	WIDOW		Balti	more (	County	
10 CI	ITY OR TOWN OF DEA					OR OTHER INSTITUTION	12a USUAL OCCUPA	TION	126. KIND	OF BUSINES
	Parkville		Valley	View Nur	sing	Home	Service	Advis	SOP AU	20
130 3	AL RESIDENCE (# NUR: STATE MD	13L COUNT	THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	1134. INSIDE CITY LIMITS?	13. STREET ADDRESS	5		
	MD	Balti	more	Balto	) .	YEST NO		eldon	Ave. 2	21206
14. FA	ATHER'S NAME					15. MOTHER'S MAIDEN NA				
	FIRST	ME	DOLE	Con i + h		Jennie	MIDDLE			rier
	William WAS DECEASED EVER	IN U.S. ARAM	ED FORCES?	Smith III SOCIAL SECU	RITY NO	17 INFORMANT		RESS	7.7	101
(	YES, NO OR UNKNOWN)	( IF YES, GIVE W	VAR OR DATES)	218-10-3		Nursing Home			Eman Da	010
	_yes	WW	II	ZTO-TO-	7009	THOT STITE DOME	records.	0/20		
	II CAUSE OF DEAT	H (Enter only	one couse per	line for (0), (b), one	dict.	1 1 0	1	1.	BETWEEN	MATE INTER
	PART I DEATH W	IMMEDIATE		CUH	6	erephal	141m ora	c hAC	e '	ZYE
	underlying cause		DUE TO, O	R AS A CONSEQUE	NCE OF	ASCI	/D ·		-	
2		the last	(c)			AS CU	AINAL DISEASE OR CO	NDITION G	IVEN IN PART I	lo:
IFICATION	underlying cause	ng the last	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	20e AUTOPSY?	206. IF YI	ES, WERE FIND	INGS USED
ERTIFICATION	PART 2 OTHER SIGNATE OF OPERA	ng the last	196 COND	ONTRIBUTING TO D	DEATH BUT	N WAS PERFORMED	70e AUTOPSY?	206. IF Y	ES, WERE FINDE	INGS USED
CERT	PART 2 OTHER SIGI	ng the lost.  NIFICANT CO	1% COND  216 TIME COND  A POUR A	ONTRIBUTING TO D	OPERATIO		70e AUTOPSY?	206. IF Y	ES, WERE FINDE	INGS USED S OF DEATH
CERT	PART 2 OTHER SIGN 190 DATE OF OPERA 210. ACCIDENT WAS UNION CONTRIBUTING	TION  DERLYING CAUSE OF DEATH  AL EXAMINER)	196 COND  216 TIME C HOUR A. P. 21e PLACE	ONTRIBUTING TO DESCRIPTION FOR WHICH  DE INJURY M. MONTH DAM M. OF INJURY	OPERATIO AY YEAR 19	N WAS PERFORMED  21c HOW INJURY OCCURI	700 AUTOPSY?  YES NO	206. IF YI IN CERT YURY IN ITEM 18	ES, WERE FIND TIFYING CAUSE YES PART 1 OR PART 2)	INGS USED S OF DEATH NO
MEDICAL CERTIFICATION	PART 2 OTHER SIGN  190 DATE OF OPERA  210. ACCIDENT WAS UNION OR CONTRIBUTING INFETHER, NOTHEY MEDIC  214 INJURY OCCUR  WHILE NOTH	TION  DERLYING CAUSE OF DEATH AL EXAMINER)  THE	196 COND  216 TIME C HOUR A. P. 21e PLACE	ONTRIBUTING TO DESCRIPTION FOR WHICH  DE INJURY  M. MONTH DA  M.	OPERATIO AY YEAR 19	N WAS PERFORMED	70e AUTOPSY?	206. IF YI IN CERT YURY IN ITEM 18	ES, WERE FINDS	INGS USED S OF DEATI NO
CERT	PART 2 OTHER SIGN  190 DATE OF OPERA  210. ACCIDENT WAS UNION OR CONTRIBUTING 116 INTURY OCCUR AT WORK  NOT WAT WORK  AT WORK  ON COURSE	TION  DERLYING CAUSE OF DEATH  ALL EXAMINER)  RED  HILE  JOSE  THE CAUSE OF DEATH  ALL EXAMINER)	196 COND 196 COND 216 TIME C HOUR A 216 PLACE (AT HOME, STI	ONTRIBUTING TO DESCRIPTION FOR WHICH  DE INJURY M. MONTH DA M.  OF INJURY REET, FACTORY, OFFICE, F	OPERATIO AY YEAR 19	N WAS PERFORMED  21c HOW INJURY OCCURI	700 AUTOPSY?  YES NO	206. IF YI IN CERT YURY IN ITEM 18	ES, WERE FIND TIFYING CAUSE YES PART 1 OR PART 2)	INGS USED S OF DEATI NO
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MEDICAL CERT	Underlying cause  PART 2 OTHER SIGN  190 DATE OF OPERA  210. ACCIDENT WAS UNION CONTRIBUTING THE PART OF THE PART	TION  DERLYING CAUSE OF DEATH AL EXAMINER)  RED  HILE CHIS HOSPITO  Talive on did (didnat)	196 COND 196 COND 216 TIME C HOUR A. P. 21e PLACE (AT HOME, STI	ONTRIBUTING TO DITION FOR WHICH  OF INJURY M. MONTH DA M.  OF INJURY REET, FACTORY, OFFICE, F  offer doorth.  19  1736. N	OPERATIO  OPERATIO  APPLICATION  APPLICATION  ARM. ETC.)  NAME OF CO.	211 LOCATION STREET  211 LOCATION STREET  19  Attending Physician  220 Address  EMETERY OF CREMATORY  18 of Faith	70e AUTOPSY?  YES NO CITY OR TO CITY OR TO COUNTY OF TO COUNTY OF TO COUNTY OF THE POINTY OF THE POI	JURY IN ITEM 18  OWN  AFF ICIAN   O  O	COUNTY   STANDER S OF DEATH NO S OF	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funital dishould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Note: .cl. person of the second of the secon TO THE TRANSPORT OF THE PARTY OF THE TRANSPORT OF THE TRA by significant of the

ath 3	100	ESTH	ER	IRENE	SMIT	ГН		8/09	/80	6:50
ped r	3 SE		4 RACE		S DATE (		& AGE (IN YEARS LAST BIR	HOAY)	IF UNDER I YEAR	IF UNDER 24 HI
Fire		FEMALE	WHI	TE	DEC.	5,001909	70	YRS.		
主题主	7e. B	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	1 BALTIMORE CITY C	R COUNTY	OFDEATH	
Et. 2		MD.	U.S.		WIDOWI	DNORCED			OUNTY	
vithi vithi		ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	HOMEMAK			F BUSINESS
led y		OWSON	GREATE		10RE	MEDICAL CT	R. HOMEMAK	LER		
filled in miner m	130.	AL RESIDENCE (IF NURSING HOME STATE 136 COL	JNTY	BALTO.	ADMISSION] N	134 INSIDE CITY LIMITS?	13. STREET ADDRESS	ENYO	N AVE.	
2 sho	14. F.	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA			LAS	it
and and dica		SAMUEL		HITLÖCK		"ALIC			PH	ELPS
e me	160	WAS DECEASED EVER IN U.S. A YES, NO. OB UNKNOWN] (IF YES, G	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRI			
Pag rt, th		YES, NO OR UNKNOWN] (IF YES, G		220-64-2	526T	MARVIN SM	ITH (SON)	SAME	ADDRE	
ysici pers. oval. even		PART I. DEATH WAS CAUS								ONSET AND DEAT
n pa rem rem			ATE CAUSE (o)	METASTAT	IC C	CARCINOMA O	F BREAST		3 Y	EARS
arbo arbo . or aum		1749	DUE TO, C	OR AS A CONSEQUE	NCE OF					
atte vve c ation ation		Canditians, if any, which	(b)							
the r oth		gave rise to immediate cause (a), stating the	DUE TO, C	R AS A CONSEQUE	NCE OF					
d by		underlying cause last	(c)_							
signe o bur o bur injui	,	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OR CON	DITION GIV	EN IN PART 1	01
The jor to	CERTIFICATION	A DAVE OF COSTATION	1.0.00.00	T.C. I CO. I CO.	0050.80		To all topic wa	Tan IF VE	WEDE COURT	100.110-
e has bermit.	FICA	19a DATE OF OPERATION	TVB. CONE	DITION FOR WHICH	OPERATIC	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDING CAUSES	
mist per Hygier m 18 sl	E	ACCORDITATION AND THE PROPERTY OF THE PARTY	C N 1145	OC IN HIRV		Tal. HOW BUILDINGS CO.	YES NO		S 🗌	но 🗆
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MIDDLE

FOR

- STATE

REGISTRAR

FIRST

DECEASED NAME

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

26. HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH YEARS

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours at retained by the hospital or attending physician.

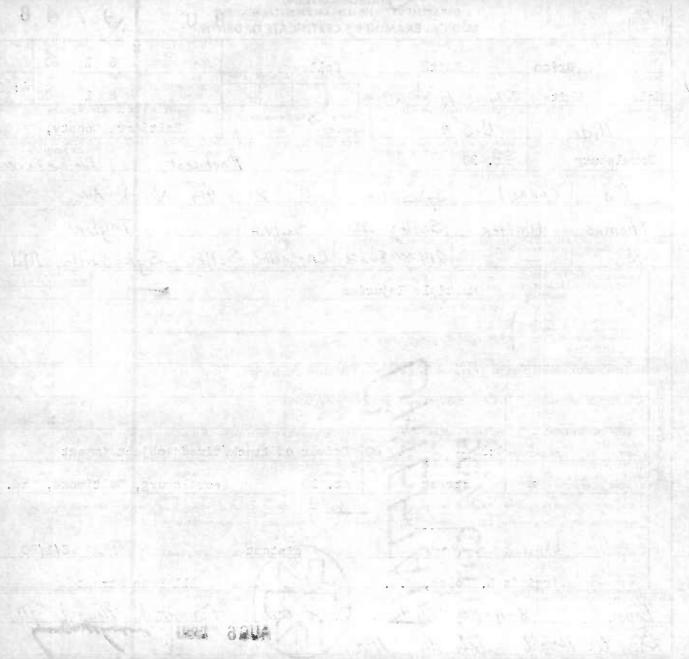
37	1 -	FOR STATE REGISTRAR		DEPAR	TMENT OF	E OF MARYLA  BEALTH AND BEALTH OF E	MENTAL HYG	IENE -8	0	1	9 7	47
	1. DEG	CEASED NAME FIRST		MIDDLE		LAST		20 DATE OF D	REG. NO.	TH DAY	YEAR	2h. HOUR
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1	3. SE)		4 RACE	ndler	5. DATE (	Smith OF BIRTH	Sr.	& AGE (IN YEAR	S LAST BIRTHOAY	0 10	0 80 UNDER I YEAR	2:25P N IF UNDER 24 HRS
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5/	10 CI	TY OR TOWN OF DEATH	11. NAME O	F HOSPITAL, NURS	ING HOME (	OR OTHER INST	NOITUTION	120 USUAL OC	CUPATION OR MOST OF WO	ORKING LIFE)	12h. KIND C	F BUSINESS OR
20	USUA	AL RESIDENCE LIE NURSING HO	MAE OR OTHER INSTITUTION	6701 N. C	harle:	S.St.	21204	Exec	utive	<del>)</del>	St	eel
35	13e S	Maryland	OUNTY	Balti	WN	134. INSIDE C	NO []	5213	Purli	ingto	on Wa	У
00	14. FA	THER'S NAME FIRST	MIDDLE	Smith			FIRST		WIDDLE		Goo	dwin
2			S. ARMED FORCES S, GIVE WAR OR DATES)	212 30	3719	J. C		r Smit	ADDRESS		Rux	ton. Mo
		18 CAUSE OF DEATH (Ent PART I DEATH WAS CA	AUSED BY:	er line far (a), (b), a	nd (c).(						BETWEEN	MATE INTERVAL ONSET AND DEATH
The same		4295	DUE TO,	OR AS A CONSEQU								
ther to		Canditians, if any, which								-		
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i.	NO	PART 2 OTHER SIGNIFICA		CONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE	OR CONDITH	ON GIVEN	IN PART 1	01
ows an	CERTIFICATION	190 DATE OF OPERATION		DITION FOR VOH				S 200 AUTOP	SY? 20		VERE FINDING CAUSES	NGS USED OF DEATH?
	RTIF	7/17/80		DICE, CH	OLE CE				40 X	YES [		NO 🗆
9		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF THE EITHER, NOTIFY MEDICAL EXAM	OF DEATH HOUR	OF INJURY A.M. MONTH ( P.M.	DAY YEAR	21¢ HOW IN	JURY OCCURE	RED (ENTER NATU	RE OF INJURY IN	ITEM 18, PART	I OR PART 2)	
1	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE	E, FARM, ETC )	211 LOCATION STREET	N	C	ITY OR TOWN		COUNTY	STATE
12115		220 I certify that (I) (this saw the deceased ali	re an 8/	19 19	00	nd that in (my)	, 19 <u>80</u>	ta8 death occurred	/19 an the date o			that (1) (we) last
f Iten		above, (I) (we) (did) (d III). SIGNATURE	id not) view the bac	dy after death.		DEGREE					22c. DATE	SIGNED
		Marely	D-100	ema_	1	111000	TTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	(X)	8/1	9/80
NA ANA		Dr. Marily		n		6701		rles St	. 21	204		
	23a B	URIAL, CREMATION, REMO		0/80		EMETERY OR O		23d. LOCAT CITY OR T Balt	OWN	co	DUNTY	Md.
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1/79		OOK VONIC P	•			י בר ב	AUG	2 1 198	30 4	books	guran	-7

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TO FUNERAL DIRECTOR:

L	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8 0
(00)	1 DECEASED NAME FIRST (TYPE OR PRINT) BECASE	W. SPENCER	AUG, 2
Gan	3 SEX 4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD

2b. HOUR 1980 IF UNDER 24 HRS IF UNDER I YEAR DAYS HOURS MIN. MONTHS YRS **BALTIMORE CITY OR COUNTY OF DEATH** 70 BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY COUNTI WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY RETTRED WITWIM KIVER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. 13a STATE 136 COUNTY 13e. STREET ADDRESS 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? RO 150 YES [ NO P 15 MOTHER'S MAIDEN NAME I FATHER'S NAME FIRST CEK 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) ( IF YES, GIVE WAR OR DATES) SPENCER UNK 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause to, stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost encesture PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NO YES [ NO [ 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 22a I certify that (I) (this haspital) attended the deceased from , that (I) (we) last sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL STAFF ATTENDING M PHYSICIAN DIRECTOR PHYSICIAN

22a ADDRESS

PARK

23c NAME OF CEMETERY OR CREMATORY

should be detainwith the State DHMH-16 25M (VRA 15, 4) 1/79

NDING

23e. BURIAL, CREMATION, REMOVAL

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23b. DATE

**ADDRESS** 00

REGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY

STATE

23d. LOCATION

CITY OR TOWN

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TO HOSPITAL

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DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directions should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hop with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

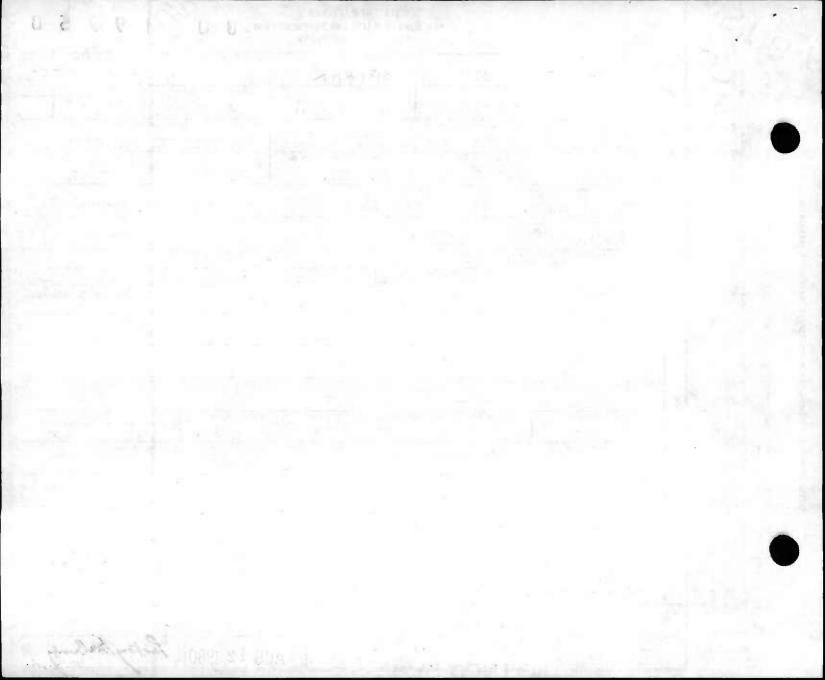
IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical 2 0

rector, page 3 frs after death

Page 4 may be

STATE OF MARYLAND 5 9 8 0 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE	E			IEALTH AND MENTAL HY	GIENE 8 0	1 9	7 5 0
DECEASE		MIDDLE		LAST	2e DATE OF DEATH		YEAR 26 HOUR
(TYPE OR PRINT	PHILLIP	M·	5	PIWAK		8 7 8	30 8-251
3 SEX		4 RACE	5 DATE (		6. AGE (IN YEARS LAST BIR		
IW	ALE	CAUCACIO	1110M	H DAY YEAR	68	YRS.	DAYS HOURS MIN
	ACE ISTATE OR FOREIGN	Th CITIZEN OF WHAT CO	DUNTRY? \$	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEA	ATH
WA	SHINGTON, DC	USA	MARRIE		THE WATER WITH THE	TOWN BAL	TIMORE COM
	TOWN OF DEATH	11. NAME OF HOSPITAL			12e USUAL OCCUPAT		KIND OF BUSINESS OF
	DALLSTOWN	BALTIMORE (	COUNTY GEN	I. HOSP.	CHAUFFEL	OF WORKING LIFE) INDL	TOURS
130 STATE	IDENCE (IF NURSING HOME OF 1136 COUN RYLAND BAL	ITY 13c. CITY	ENCE BEFORE ADMISSION) OR TOWN STERSTOWN	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS		1176
4 FATHER'S		ito. KEI	SIEKSIOWN	YES NO	627 GLYNIT	A CIR. #2	1130
TAINERS		SPII	WAK	15. MOTHER'S MAIDEN N. FIRST RACHAE	MIDDLE	HOF	ENSPEAKEL
	CEASED EVER IN U.S. AR		TAL SECURITY NO.	17 INFORMANT MRS	S. KATIE SPI	RVA K	
	NO [16 YES, GIVE	579	-24-0815	627 GLYNITA		TERSTOWN, I	
II. CA	USE OF DEATH (Enter on	ly one couse per line for to	o), (b), and (c).)		0	BE	APPROXIMATE INTERVAL
PA	ART I. DEATH WAS CAUSE	E CAUSE (a) MET	ASTATI -	LUNG	CARCINOT		
1	1 20						
Cond	ditions, if any, which	DUE TO, OR AS A CO	DNSEQUENCE OF				
gave	rise to immediate	(b)	-				
	e (a), stating the erlying cause lost	DUE TO, OR AS A CO	ONSEQUENCE OF				
		( (c)					
Z PART	2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN IN PA	ART 1(a)
OE THE DA	ATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE	FINDINGS USED
프					YES NO M		AUSES OF DEATH?
21a A	CCIDENT WAS UNDERLYING	216 TIME OF INJURY		21c HOW INJURY OCCUI		YES []	NO 🔯
00.00	INTRIBUTING CAUSE OF DEA		NTH DAY YEAR	The right weeks	KED (EINER INKIDRE OF IN)	MI IN IIEM ID, PARI I OK F	KRI 21
(IF EITH	HER, NOTIFY MEDICAL EXAMINER)	P.M.	19	~			
WI I	NJURY OCCURRED	216 PLACE OF INJUR	Y OFFICE FARM ETC.)	21f LOCATION STREET	CITY OF TO	WN COUN	ATY STATE
AT WOR	RK NOT WHILE		-				
220.1	certify that (1) (this haspi	tal) attended the decease	ed fram	8-7-19 8	5 , to 8-	7- 1980	, that (I) (we) las
	w the deceased alive an		- 19 8 0 , at	nd that in (my) (our) opiniar	deoth accurred on the d	late and haur and fro	
	bave, (l) (we) (did) (did no IGNATURE	t) view the body ofter dea		DEGREE		1224	DATE SIGNED
		Maly		ATTENDING	MEDICAL STA	AFF .	8/7/80
22d. Ph	HYSICIAN'S NAME ITTE	PRINT		22e ADDRESS			
I	DR. SUDK	IR PATE	L	BAL. COU	INTY GEI	J. 1-205	PITAL
(SPECIFY)	CREMATION, REMOVAL BURIAL	236. DATE AUG. 10, 198		EMETERY OR CREMATORY NAI	23d LOCATION CITY OF TOWN OWINGS M	ILLS BAL	STATE TO . MD
	L DIRECTOR SOL	LEVINSON & F	ROS INC	25a. DA		256 REGISTRAR'S SE	
601	O REISTERST	OMINI DD DAT	TO MI		rug 12 1980	peopley!	Metrody
001	O WEIGIEVOL	UNITY KD. BAI	JIU., MU	21215	100 - 2 1000		



## (TYPE OR PRINT) EDWARD TAME S SPRINGE R 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX YEAR ( 0.7 To. BIRTHPLACE ISTATE OF FOREIGN Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ARYLAND WIDOWED S DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NUTO THOMAS WILSON BAICER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION ould be 136 COUNTY 131 CITY OR TOWN 13e. STREET ADDRESS 809 DALTO 子子 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME 2 MIDDLE MIDDLE SPRINGER puo KMANUEL NIONIE BALTIMORE. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO INFORMANT Pu (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Baymanis - 24400 Welsh Rd. Mrs. Bette 216-09-2409 No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY CARDIO RESPIRATORY PRREST PRESTON ST., IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF CARDIAL ARRYTHMIA END STAGE COOL Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 DIVISION OF VITAL RECORDS, CERTIFICATION 0 been 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 190 DATE OF OPERATION ď be NO uriol-transit p physica 71h TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211. LOCATION 2 10 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE morked WHILE AT WORK AT WORK 20-80 22a. I certify that (I) (this hospital) estended the deceased from IRECTOR: sow the deceased alive on. , and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death If Hem SIGNATURE DEGREE

FOR

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DHMH - 16 50M 7/77 (VR A 15 (4))

FUNERAL I

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IMPORTANT:

REGISTRAR

DECEASED NAME

22e. ADDRESS MAULEON-VARGAS 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23d. LOCATION OURIAL (EM. ALTO. 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SMATURE 24-EUNERAL DIRECTOR ARFORD (RD

MIL

ATTENDING

PHYSICIAN

MEDICAL

STAFF

DIRECTOR PHYSICIAN

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

8-15-80

IF UNDER 1 YEAR

INDUSTRY

20b. IF YES, WERE FINDINGS USED

COUNTY

YES T

IN CERTIFYING CAUSES OF DEATH?

BELNORD AVE.

LAST

DAYS

2b. HOUR

HOURS

126. KIND OF BUSINESS OR

BAKERY

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

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22c. DATE SIGNED 8/15/80

2n. DATE OF DEATH

1010 U. Stateman and astronomics. THE RESERVE ASSESSMENT OF THE PROPERTY OF THE EN THE THE CORNER WASHING The state of the state of the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 bount rifes death. Page 4.3	retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and compirmity filling in by the funeral dimension.	should be detached for use as the burial-transit permit. Then please remove carbonpaper. Finant und Exhact the Lear within 72 harmally with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	of office	5
24 hours offer	filled in by the	and the filled o		3
hiscore be seed and	od completely	ger Land Zit	dio los	0
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of the death	by the ottendi	should be detoched for use as the burial-transit permit. Then please remove carbanpapei with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.	other troumat	
ow requires th	been signed	mit. Then plea prior to buriol	ony injury, or	
SICIAN: The lo	ng physician.	riol-tronsit per entol Hygiene	Item 18 shows	1
SYHO PHY	ol or ottendir OR: After this	Health and M	is morked or	
TAL OR ATTE	retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has	detoched for state Dept. of	.NT: If Item 23	
TO HOSP	TO FUNE	should be with the S	IMPORTA	/

DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND 5 9 DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

ľ	FOR STATE REGISTRAR		DEPAI		EALTH AND MENTAL H	YGIENE 8 0	NO.	9 /	5	2	
	ECEASED NAME FIRST		WIDDLE	L	AST	2a DATE OF DEATH	MONTH	DAY YEAR	26 HO	UR	
	Mar	`У	Brown	Sta	ley	Aı	ug. 30	0, 1980	6	p.m.	
1.5		4 RACE		5. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY	IF UNDER 1 YEAR	IF UNDE	DER 24 HRS	
L	Female	Whit		Jul	y 23 1894	94	YRS.		HOOKS	A. I.	
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)		F WHAT COUNTR	Y? 8. MARRIEI	NEVER MARRIED	9 BALTIMORE CITY					
1	Penna.	U.S		WIDOWE		Baltime				MD.	
L	Middle River	(IF NOT IN SI	Hall Nu	rsing H	or other institution	120 USUAL OCCUP. (TYPE OF WORK FOR MOS Homemake	ST OF WORKING L	126 KIND C INDUSTRY	OF BUSIN	IESS OR	
	UAL RESIDENCE (IF NURSING HOME STATE 136 CO		130 CITY OR TO		13d INSIDECITY LIMITS?	13e. STREET ADDRES	s J	Md. 212	220		
		altimore	Middle		YES 🔀 NO 🗌	35-B Bee		Middle	e Riv	ver	
PLI	FATHER'S NAME FIRST George	MIDDLE	Rippl	e	15 MOTHER'S MAIDEN I	NAME eth Frances		Brot			
	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES, C	ARMED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	MY	idle R	iver, B	alti	more	
	No		168-36-	8915	Mrs. Edna	E. Whitlock	35-B	Beech I	or.	21220	
	18 CAUSE OF DEATH Enter PART I. DEATH WAS CAU	anly one cause p	er line for (a), (b),	ond (c				APPROX BETWEEN	ONSET AN	RVAL D DEATH	
		SED BY: ATE CAUSE (o)_	Pn	eumonia	& Pulmonar	y Edema					
	Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause lost	(b)_	OR AS A CONSEC Ca:	rdio Va	scular Dise	ase					
		( (c)_		0.05.211.012							
Z	PART 2 OTHER SIGNIFICAN	CONDITIONS	ONTRIBUTING	15 15 15	NOT RELATED TO THE TE	KWINAL DISEASE OR CC	JNDII ION GI	VEN IN PART I	0		
A TE	19a DATE OF OPERATION	19h CON	DITION FOR WHI	none CH OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20h. IF YE	ES, WERE FINDIR	NGS USE	ED	
문						YES NOD	IN CERT	IFYING CAUSES		TH?	
AL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH HOUR	OF INJURY A.M. MONTH	DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF IN			NO [		
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLAC	E OF INJURY TREET, FACTORY, OFFIC		211 LOCATION STREET	CITY OR	fOWN	COUNTY	S	STATE	
	22a.1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did	on 8-30	1-80 19	"	ed that in (my) (our) opinion	, to S = 30 on death occurred on the	dote and ho		that (1) couses st		
	22b. SIGNATURE	0	1 1	7	REGREE			22c. DATE	SIGNED	,	
	In	4 04/	Then	mi	ATTENDING PHYSICIAN		TAFF SICIAN 🗌	9-2	80	9	
1	22d. PHYSICIAN'S NAME (T)	OR PRINT)		7	22e ADDRESS						
	Irving R. H	eck MD			901 Fusela	ge Ave., Bal	Ltimore	e, Md.	2122	20	
23a.	BURIAL, CREMATION, REMOVA	AL 23b. DATE	23	C. NAME OF C	EMETERY OR CREMATOR	Y 23d. LOCATION		COUNTY	51	TATE	
	Burial	9/3/	1980	Green	Hill Cemete	ry Waynes	sboro	Frankli		Penna	
24_	FUNERAL DIESCHO	4Cur	ADDRESS Wayne	esboro.	Penna. SE	P 8 1980	AR 25 G	AS	-	18	

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1		1	1- STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE							9 7	5	3	
/	- 1/4	1.	REGISTRAR		ME	DICAL EXAMII	NER'S C	<b>ERTIFICATE</b> O	F DEATH	REG. NO.			
			ECEASED NA	AE FIRST		WIDDIE	L	AST			MONTH DAY	YEAR	HOUR
	TAKE ALI		YPE OR PRINT)	1 ARY	MAR	GARET	ST	AMPE	R OF DEATH	ESTI- MATED	8/2	10 80	D
	15年後	3. S	EX	4. RACE	S. DATE OF BIRTH	YEAR 6. AGE (IN Y		DER 1 YR. IF UNDER		E	ONTH DAY	TEAR	d. HOUR
	1 3 Z	1	Temale	White	8 14		PAY) MONTHS	GAYS HOURS	MIN PRONOL DEA	D 9	elii	1020	1.14
	SSA ESTA ESTA	70.	BIRTHPLACE FOREIGN COUNTRY	STATE OR	76. CITIZEN OF W	HAT COUNTRY?	8. ALA PRIE	D NEVER MARRI	9. BALTI	MORE CITY OR	<b>OUNTY OF</b>	DEATH	
	京品の製造	9	Md.		USA		WIDOWE			lto. Cou	hty		MD.
	교육 유명 -	10.	CITY OR TOWN	OF DEATH	11. NAME OF HOS	SPITAL, NURSING HOA	E, OR OTHE		12a. USUAL OCCI	JPATION (TYPE OF	WORK 12b. K	IND OF BU	SINESS
	DELAY 3 TO TH IN PAC 105 30		Balto			st Way Nort			Billing			fice	
F-1	Y DE AIN AIN ORDS		JAL RESIDENC	E (IF IN NURSING HOME		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e, STREET ADDR	arcc.			
21201	1. JF ANY DELAY IS N. 2, AND 3 TO THE B. 3. RETAIN PAGE S SHOULD BE FILED AL RECORDS, 301	5	Md.	130. COOL	111	Balto.	100	YES NO		est Way	North		
WD.	FE SASS	14.	FATHER'S NAA FIRST	ΙE	MIDDLE	LAST		15. MOTHER'S MAIDE	NNAME	MIDDLE		LAST	- 1
ORE,	RW RW OF OF	160	WAS DECEAS	ED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECURI	TY NO	17. INFORMANT		ADDRESS			
BALTIMOR	URS AFTER 8. GIVE PA WITH FO PAGES I DIVISION	4	(YES, NO. OR UNKN		WAR OR DATES)	217-05-67				ADDICESS			
BAI	WITH PARTE	F	18. CAUSE	OF DEATH (Enter or	nly ane cause per line	(a), (b), and (c)			7.05			APPROXIMATE	INTERVAL
ST.,	0		PARTIC	SEATH WAS CAUSE	D BY:	Are Va	H	MOCARO	42 y	2/201	200 BET	TWEEN ONSET	AND DEATH
ON	- X Y -	1	411	) IMMEDIA	TE CAUSE (a)	AS A CONSEQUENCE	OF	7	0	7	-074	,	
PRESTON	WITHIN NCIL IN MINER A IRANSIT VTAL HY EMOVAL	96		ans, if any, which		brown	1 47	Vinne.	e le a	It six	31/00		
¥.		3	cause (	rise to immediate a) stating the <u>under</u> -	( ,	AS A CONSEQUENCE	OF	2000000		e ( Rico.	2000	7-1	
301	N P P P P P P P P P P P P P P P P P P P		lying co	ouse last.	(e)								
	XUU 4U		PART 2 OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION GIVEN IN PAR	RT 1 (a).				
AL RECORDS,	AS AS MAN	N	100										
- X	HIEF A HIEF A USED OF HEA	CERTIFICATION	190 DATE C	F OPERATION	19b. CONDI	TION FOR WHICH OPE	RATION WA	S PERFORMED?			20.	AUTOPSY?	
VITA		7 1									10.7	YES 🗆	NO 🗌
OF.	E WORD THE CH ILD BE UNENT OF BURIAL,			AL CAUSE WAS	21b. TIME OF	FINJURY A. MONTH DAY YEA	21c. HO	W INJURY OCCURRED	ENTER NATURE OF	JURY IN ITEM 18 PART	1 OR PART 2)	HITE	
ON	THE THE TO THE TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOUR	7 3	UNDERLYIN CONTRIBUT	ING CAUSE OF			"						
DIVISION OF	CERTIFICATE SI TING THE WOR THE OF THE CEST SHOULD BE EDEPARTMENT	MEDICAL	21d. INJURY	OCCURRED		OF INJURY (AT HOME,	21f. LOC	ATION	CITY OR TO	2004/61	COUNTY	7.43	STATE
٥	THIS CER WARDED PAGE 3 S TATE DEP	1 2	WHILE AT WORK	NOT WHILE [		TONT, TARM, ETC.)			CITTORT	7WN	COUNTY		STATE
	SI SI		22a. l cer	tify that I taak char	ge af the remains des	scribed abaye, held an	Autapsy	, Inspection	, Inquiry	M. and in	my apinian	SE 3	71-3
	EXAMINER CERTIFICATI ULD BE FO DIRECTOR: WITH THE		death resu	Ited fram: Natu	iral causes	Acciden S	uicide	Hamicide .	Undetermined n		1		
	EXAMII CERTIFI ULD BE DIRECT			1201	411	V		TITLE (SPECIFY)			41.3	1 1	10
	CAL EXA THE CERI SHOULD RAL DIRE ATH, WIT RE, MARY		SIGNATURE	100	4 Vin	~~	M.E	seguly	MEDICAL EXA	MINER	DATE SIGNED	5/11/	8
	DIC.		EXAMINER'S	NAME W	- A111	.1 4	A		2 6	01 1	. 0	bal	
	TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUI TO FUNERAL D. AFTER DEATH, V.	>000	(TYPE OR PR		>. 17 17 C	8 WILL	/ A	DDRESS 2112	Vun	JUK H	U En	1/21	1222
450	BATTA	23a	(SPECIFY)	ATION, REMOVAL		3 23c. NAME OF CE	METERY OR	CREMATORY	23d. LOCATION		COUNTY	ST	ATE
70	BP	-	Remo		8/12/80	W LEED TO				- 100		A	
	DHMH - 17 (VR A15 ME (5))	74.	FUNERAL DIRE		ADDRESS	o., Md.		25a. DATE R	IC 1 Q 1Q	0.0	1. 4.	TURE	
	15M 7/77		Anatom	y Board	Balt	O., Ma.		A	10 T 3 13	JU 3.007	1.7/1		7

STATE OF MARYLAND

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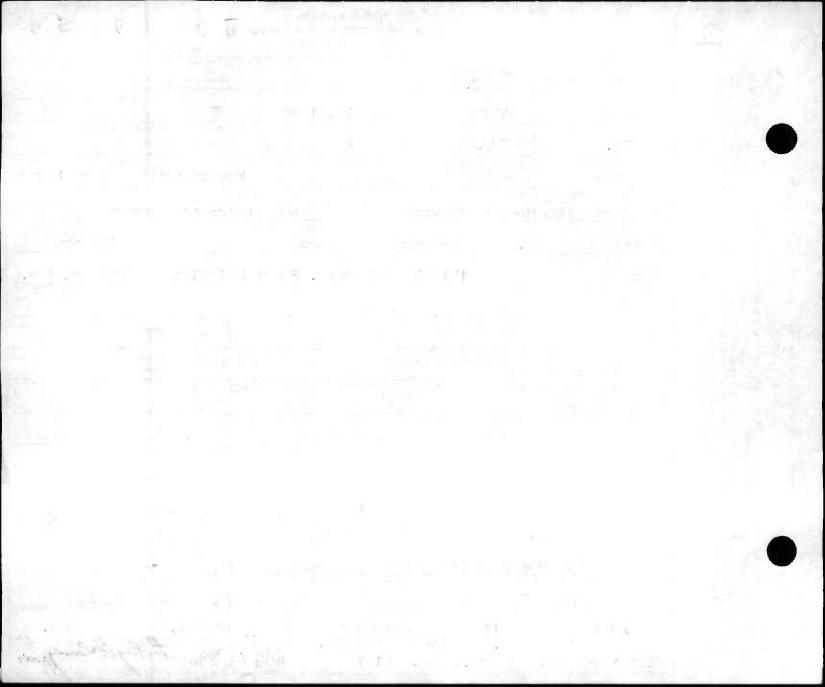
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 1 mar certificate by the hospital or ottending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the oftending physicion and completely filled in by the funeral director, page 3
should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.
IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or other troumatic event, the medical examiner must be facilitied at once.

DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0	1	9	7	5	
CERTIFICATE OF DEATH	REG. NO.		- 19	4		

/	1 -	FOR STATE REGISTRAR		CERTIFICATE OF DEATH  REG. NO.								
		CEASED NAME FIRST	A	AIDDLE		LAST	20	DATE OF DEATH M	ONTH DAY	YEAR	26 HOUR	R
	(1175	MARY	J.		STA	UTER		AUGUST 8	. 1980		9:30	a <sub>M</sub>
	3. SEX		4 RACE		5 DATE C	OF BIRTH		AGE (IN YEARS LAST BIRTHE	DAY] IF UNE	DER 1 YEAR	IF UNDER	2.4 1111.0
	1	Female	White	9	May			85	YRS	S DAYS	HOURS	MIN
		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9	BALTIMORE CITY OR		EATH		
5		Pa.	US	SA	WIDOWE			BALTIMOR	E COUNT	Y		MD.
2	10 CI	TOWS ON	(IF NOT IN SUC	OSPITAL, NURSIN H FACILITY, GIVE STREET JOSEPH 1	ADDRESS)	TAT.		USUAL OCCUPATION YPE OF WORK FOR MOST OF		L KIND OF	F BUSINE	ss or me
	USUA	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)							
5		155 000	timore	Towson		134 INSIDE CITY LIMITS		Glenmont	Towers	3		
-	_	ATHER'S NAME		10000011		15 MOTHER'S MAIDEN		310111110111	1011010			
7	F		MIDDLE B.	Emeric	ck	Sara		MIDDLE	Mi	chae	ls	
	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRES				
		res, no or unknown) (if yes, giv	E WAR OR DATES)	171 07	8605	Mrs. Pa	atric	ia Hollen	То	wsor	1, N	1d.
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per	line for (a), (b), and	d IC					APPROXI BETWEEN C	MATE INTER	VAL DEATH
		IMMEDIA	TE CAUSE (a)C	erebrova	scula	r accident						
		436-	DUE TO, OF	R AS A CONSEQUE	NCE OF				200			
		Conditions, if ony, which	(b)	- 1				183 74				
		gove rise to immediate cause 10%, stating the	DUE TO, OF	AS A CONSEQUE	NCE OF							
		underlying cause lost.	(c)									
	CERTIFICATION	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	INTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE 1	TERMINA	AL DISEASE OR CONDI	TION GIVEN IN	PART 1/o	j 1	
	CAT	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED			206. IF YES, WER			
2	TE	7/9/80	Perf	orated d	uoden	al ulcer		YES NO	YES [	CAUSES	NO [	_
5	CER	210 ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DA	V VEAD	21c. HOW INJURY OC	CURRED	(ENTER NATURE OF INJURY	IN ITEM 18, PART 1 O	R PART 2)		
1	CAL	OR CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINER)			19	and the second second						
4	MEDICAL	21d INJURY OCCURRED	21e. PLACE (	OF INJURY EET, FACTORY, OFFICE, F	ARAA ETC \	21f LOCATION STREET		CITY OR TOWN	CC	OUNTY	STA	ATE
	2	WHILE AT WORK AT WORK	(AT HOME, STA	ELI, FRCIORI, OFFICE, F	ARM, ETC.)						317	(16
		220.1 certify that (this hosp	tol) ottended the	deceased from	July	8, 19_8	30	, to August	8 19_	80	thotX(w	ve) lost
		sow the deceased alive or above, X(we) (did) (a) X	August	8 1980	<u>U</u> , or	nd that in (m) (our) opin	inion deo	th occurred on the dote	e ond hour ond	from the o	couses sto	ted
		22b. SIGNATURE				DEGREE				22c. DATE	SIGNED	
		POCK	UN F	EN. M	. 0	ATTENDIN PHYSICIA	AN D	MEDICAL STAFF DIRECTOR   PHYSICIA	AN	Aug.	8, 1	.980
		22d PHYSICIAN'S NAME (TYPE C	R PRINT)			22e ADDRESS					7/	B-72
			Pen, M.					Road, Tow	son, MD	2120	)4	
	23a. B	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATO		23d. LOCATION CITY OR TOWN	COUN	TY	STA	TE
		Burial	8/11/			leste Park		Altoona,		,	Pa.	
		INERAL DIRECTOR Henr	_	ADDRESS				T 1 1000	testry!	nech	sooly	
	4	905 York Road	Balto	o., Md.	212	112	AUG	11 1980		1,07	/	



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2h HOUR IF UNDER 1 YEAR F UNDER 24 HRS DAYS **BALTIMORE CITY OR COUNTY OF DEATH** Baltimore Co.. 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Soc. Sec. 3808 Delverne Road LAS1 Greensboro, N. C. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH arcula dense PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO [ 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that M (my) (our) apinion death accurred on the date and hour and from the causes stated 22r. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL PHYSICIAN

24 FUNERAL DIRECTOR MITCHELL-WIEDEFELD HOME, INC. 6500 York Rd. STATE

DHMH-16 20M

(VRA 15, 4) 7/78



DHMH-16 30M 2/80

(VRA 15, 4)

FOR

- STATE

REGISTRAR

	0.0	REGISTRAR			CERTIFICATE	OF DEATH	REG.	NO.		
			RST	MIDDLE	LAST		20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	(TYPE	John	Jos	seph	Stefanik		8-31-8	0		M
-	I. SEX		4. RACE		5. DATE OF BIRTH		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	
160	12	Male	Whi	te	9 2	4 1917	62	YRS	MONTHS DAYS	HOURS MIN
The state of the s		RTHPLACE (STATE OR FORE		76 CITIZEN OF WHAT COUNTRY? 8. MARK		VER MARRIED	9 BALTIMORE CITY		Y OF DEATH	4 4 3 4 5
10		Penna.	USA			DIVORCED []	Baltim	ore C	ounty	MD.
- 8	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		RINSTITUTION	120 USUAL OCCUPA	2a USUAL OCCUPATION 12b, KIND OF		
10/0		Towson		r Care R			Boilerma			struction
100		AL RESIDENCE (IF NURSING I	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		IDE CITY LIMITS?	13e STREET ADDRES	S	No. Tv.	
350		Md.	Balto.	Towson	YES [		3 Dalecr		ourt, T	imonium
-	14. FA	THER'S NAME	WIDOTE	LAST	AME MIDDLE	133.4	1.4	\$1		
10830		George	S	tefanik		Anna			ılak	
8 /		VAS DECEASED EVER IN L	J.S. ARMED FORCES?	16b. SOCIAL SECU	RITY NO. 17 INF	DRMANT	ADD	RESS		7-2-5
9	. '	No		220-07-	1691 M	rs. Hele	n R. Stefar	ik, 3	Dalecr	est Ct.
10 1		18 CAUSE OF DEATH (E	nter only one couse pe	r line for (o), (b), one	d (c).)				BETWEEN	ONSET AND DEATH
Dunio.	100	PART 1. DEATH WAS	CAUSED BY: MEDIATE CAUSE (o)	CARDI.	e puc me	NHRY	ARREST		ne	NUTES
or the	- 1	1890								
fion, oum		Conditions, if ony, wh	nich ( (b)_	METI	PSTATIC	CH -	of Kin	NEY	2	YEARS
ema er tr		gove rise to immedi couse (o), stating	ote )	R AS A CONSEQUE			,		/	
ol, cr		underlying couse I	ost. (c)		J. 740			-		
burio ry, o		PART 2 OTHER SIGNIFIC	CANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT NOT RE	LATED TO THE TER	MINAL DISEASE OR CO	NDITION G	IVEN IN PART 1	(0)
or to	ě		IM BETE							
s on	CERTIFICATION	196. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATION WAS I	PERFORMED	20a AUTOPSY?		S, WERE FINDI	
how	RT	NI				6.2.3	YES NO		ES 🗌	NO 🗆
18 s		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING TO CAUS	LI LIGHT A	DF INJURY .M. MONTH DA	AY YEAR 21c. HC	OW INJURY OCCUI	RRED (ENTER NATURE OF IN	JURY IN ITEM 18	PART 1 OR PART 2)	
ltem	Š	(IF EITHER, NOTIFY MEDICALE	Contract to the second of the	.M.	19	13600				
N P P	MEDICAL	21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, F		STREET	CITY OR	TOWN	COUNTY	STATE
hon	~	WHILE NOT WHILE								
s mo		220.1 certify that (1) (thu	hospital) attended the	ne deceosed from_	JAN	, 19_78	, to		, 19_88	that (I) (we) last
of t		sow the deceased a above, (I) (we) (did)	(did not) view the body	rofter death.	50, and that in	(my) ( <del>our)</del> opinior	death occurred on the	date and ha	our and from the	couses stoted
#em#		22b. SIGNATURE	1/		DEGREE					SIGNED
ote C		1/1/1/10	e K		MO	ATTENDING PHYSICIAN	DIRECTOR PHY	AFF SICIAN [	9-1	2-80
TAN		224. PHYSTCIAN'S NAME	(TYPE OR PRINT)		22e. AC	DDRESS				The state of
七 00							. 51			

CIAN 57 W. Timonium Rd. Robert W. Lisle, M. D. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Cockeysville, Burial 9/3/80 Dulaney Valley Maus. 250. DATE REC'D. Lowell Lemmon, 10 W. Padonia Rd. SEP 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

STATE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removol.

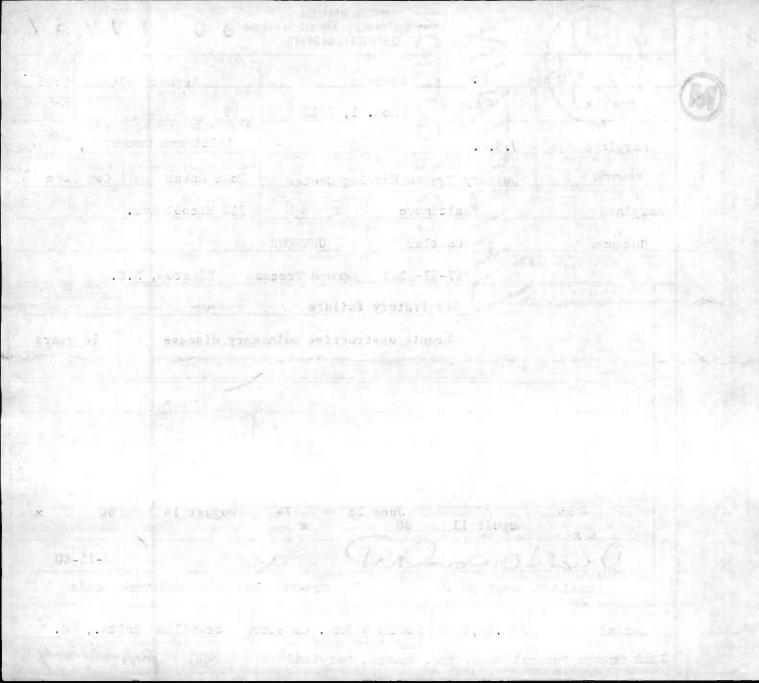
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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE	8	O REG. 1	NO.	9	7	5		4
LAST	2e. D.	ATE O	FDEATH	нтиом	OAY	YEAR	2b. HC	OUR	
Stowart			Λ.,	mint	9.1/	. 90	0.1	05	1

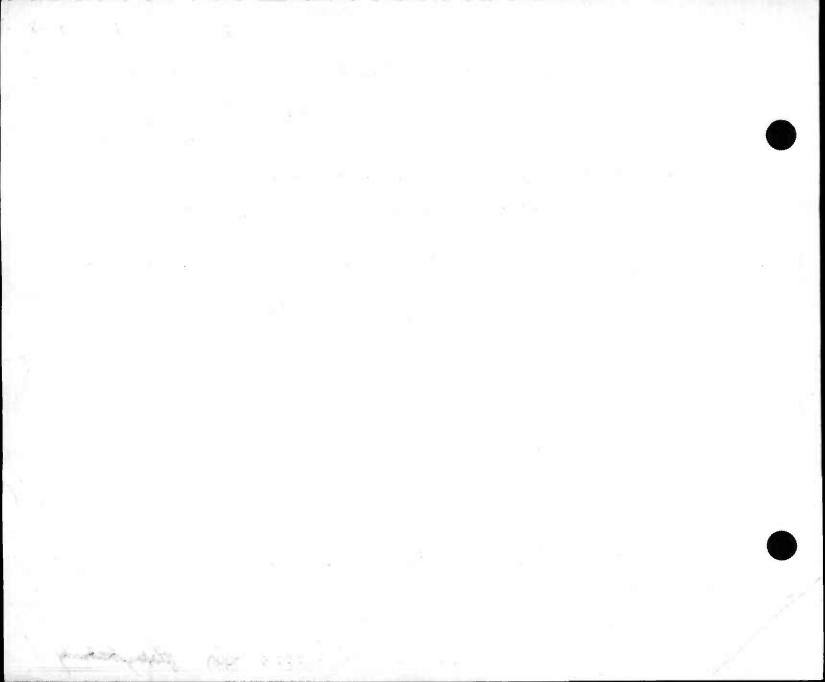
	1	- STATE REGISTRAR			CERTIF	ICATE OF DEATH REG. NO.				
		CEASED NAME F	FIRST	MIDDLE	·	AST	20. DATE OF DEATH	AO HINOM	AY YEAR	2b. HOUR
3			Grace 1	ce M.		rt	Aug	14-80	9:05 M	
4)	3. SE	× Female	4. RACE Wh	4. RACE White		DE BIRTH  1, 1910  YEAR	6 AGE (IN YEARS LAST BIR		F UNDER 1 YEAR	IF UNDER 24 HRS HOURS MEN
35	Ja. B	IRTHPLACE (STATE OR FOREI OUNTRY)  Marvland		76 CITIZEN OF WHAT COUNTRY?		D NEVER MARRIED D	9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County			MD.
90		TOWSOn	11. NAME OF USANT INS	11. NAME OF HOSPITAL, NURSING HO		OR OTHER INSTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 170 KIND OF INDUSTRY Home Maker Own H			F BUSINESS OR
35	M	aryland	HOME OR OTHER INSTITUTION COUNTY	MADDLE LAST Cantler MED FORCES?   16th SOCIAL SECURITY NO.		13d INSIDE CITY LIMITS?	MIODLE LAST			
examine 20		ATHER'S NAME FIRST  Unknown	WIDDLE			15. MOTHER'S MAIDEN NA FIRST UNKNOWN				51
		WAS DECEASED EVER IN YES, NO OR UNKNOWN) (II	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)			Edmund Freeman Kinston, N.C.				
ŧ,	111	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). (PART I. DEATH WAS CAUSED BY:							BETWEEN	MATE INTERVAL ONSET AND DEATH
ınlury, or oth	NOIL	DUE TO, OR AS A CONSEQUENCE OF (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)								
ows ony	CERTIFICATION	190 DATE OF OPERATIO	196 CON	ondition for which operation was performed			200 AUTOPSY?	IN CERTIFYING CAUSES OF DEATH?		
is morked or Item 18 sh	MEDICAL CER	2) 0. ACCIDENT WAS UNDER!  OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL E  21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	OF INJURY A.M. MONTH P.M. E OF INJURY STREET, FACTORY, OFFIC	19	2)1. LOCATION STREET	IRRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  CITY OR TOWN COUNTY STATE				
2		22a.1 certify that (I) (*** haspital) attended the deceased from June 28 19/4 10 August 14 19/80, that (I) (***) lost saw the deceased alive an August 13 19/80 on that in (my) (a**) opinion death accurred on the date and hour and from the causes stated above, (I) (***) (d) (did not) view the body after death.								
MPORTANT: If Item		land down his				DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D				
APORTA		Donald O. Wood, M. D. Sreenmeadow Drive and York Roads								
9	Burial Aug. 16, 1980 Moreland Mem. Cemetery Parkville								alto.,	
,		uneral director uck Towson 1	Funeral Ho			rk Road 250 DAT , Maryland []	G 1 5 1980	25b. REGISTRA		Bredy

BP. DHMH - 16 50M 7/77 (VR A 15 (4))



	TO HOSPITAL OF ATTENDING PHYSICIAN, The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
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	TO HOSPITAL OF ATTENDING PHYSICIAN retained by the haspital or attending phys

3		FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 1 9 7 5 8							
oth 3		EASED NAME FRST PRPRINT) CAROL CAROLIA	INE	L.		ORF	20 DATE OF DEATH	# 29	-	2b. HOUR	
offer oth	3 SEX FEMALE  70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) PA  10 CITY OR TOWN OF DEATH  CATENSWILLE		4 RACE	WHITE AMONTH  TA CITIZEN OF WHAT COUNTRY?			6 AGE (IN YEARS LAST BIRT		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	
or ogce.						D NEVER MARRIED C	BALTIMORE CITY O				
by the fune filed within			(IF NOT IN SUC				120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O	12b. KIND OF BUSINESS OR INDUSTRY			
auld be	130. ST	1 1/2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OR OTHER INSTITUTION,		ORE ADMISSION)	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 1612 Pentr	idge R	oad	0	
and 2 sh	14 FAT	HER'S NAME FIRST  JOhn	WIDOFE	Lanzer		15 MOTHER'S MAIDEN NA FIRST Magdalena			Ross'1	er	
Pages 1		AS DECEASED EVER IN U.S. s, no or unknown) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	#1690143E		David H. St	orf 3007 Pa		11 Roa	d 21131	
signed by the attending physicia Then please remove carbonpopers to burial, cremotion, ar removal njury, ar ather traumatic event, the		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	(b)	R AS A CONSEO	UENCE OF	NOT RELATED TO THE TERM	linal disease or con	DITION GIVE	N IN PART 1(c	3'	
hos beer t permit ene prior	CERTIFICATION	90 DATE OF OPERATION	196 CONDI	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, YES	WERE FINDIN	IGS USED OF DEATH?	
certificate in all transitions in all transitions in all the a		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI	DEATH HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	LY IN ITEM 18, PAR	T T OR PART 2)		
After this of a sthe bur of the ond Me	M M	WHILE NOT WHILE AT WORK	21e PLACE ( (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC )	211 LOCATION STREET	CITY OR TOV	/N	COUNTY	STATE	
for us of He		220.1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did	00	10	- 4	nd that in (my) (our) apinion	death accurred on the de	29 . 19 ote and hour o		that (I) (we) last causes stated	
ERAL DIREC e detoched Stote Dept ANT: If Hem		THE SIGNATURE	hw.	ahi	te	ATTENDING PHYSICIAN 5	MEDICAL STAI	F IAN []	8/2	9 80	
TO FUNERAL should be det		Patrice	2 W.	Whit	he						
P	(SP	IRIAL, CREMATION, REMOV ECIFY) Burial	23b. DATE 9-3-1		Ridge		PICESbur	9		nsy <b>lv</b> ania	
HMH-16 20M RA 15, 4) 7/7B		NERAL DIRECTOR NAME  TOWSON Fun	eral Home			ork Road 250.DAT	REC'D. BY REGISTRAR	25b. REGISTRA	AR'S SIGNATI		



0		1-	FOR STATE		DEPAR	TMENT OF	E OF MARYLAND IEALTH AND MENTAL HY	GIENE 8 0	19	159
		1 DE	REGISTRAR  CEASED NAME FIRST	-	MIOOLE		ICATE OF DEATH	REG. N		11:452 YEAR 25 HOUR
oth 3			OR PRINT)	M		Strait		26 DATE OF DEATH	1	\$1:45
\$ 0 P		3. SE	Joo	n Mar	1e_	5. DATE		AGE (IN YEARS LAST BIR		AA
		0. 02.	Female	Whit	0	MONT		48	MONTHS	OAYS HOURS MIN
EMP.			RTHPLACE STATE OF FOREIGN		F WHAT COUNTR		DE NEVER MARRIED		OR COUNTY OF DEA	ATH
eo III	35	C	Marvland	USA		WIDOW			ore Count	V MI
ter d within		10 CI	TY OR TOWN OF DEATH		F HOSPITAL, NURS		OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION 12b. K	AND OF BUSINESS OR
by th	58		Towson	St.	Josephs	Hospi	tal	Homemak		15181
hour hour dbe		USU, 13a S	AL RESIDENCE (IF NURSING HOME TATE 136 CO	OR OTHER INSTITUTIO	N. GIVE RESIDENCE BEF	ORE AOMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS		
hin 24 h	55		ryland		Baltim	ore	YES 🔼 NO		Lake Ave.	<u> </u>
MARYLA ed within mpletely f ond 2 sho	arr th	14 FA	THER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN N. FIRST	WIOOLE		LAST
executed on composes I on comp	20	17 1	George J. Hue				1	sephine Hug		
monte e execut n and co	2	160 V		ARMED FORCES? FIVE WAR OR DATES)			17. INFORMANT			
death certificate be otherwise or compares. Part Ing.			No		213-28	-916/	Otto E. Str	alf	Same	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or otherdring physician.  Which is certificate has been signed by the ottending physician and completely filled in by as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled the burked or then 18 shows any nitry or other traumostic event the medical examines must help any or them.		NOI	gave rise to immediate couse (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN'	(c)_	OR AS A CONSEG		NOT RELATED TO THE TER	minal disease or con	IDITION GIVEN IN PA	ART 1/o)
The low racion.  The hos bee nost permit, ygiene prio shows onv	2	CERTIFICATION	190 DATE OF OPERATION	19b. CON	DITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
INSIGN OF VITAL IG PHYSICIAN: The ottending physicion ner this certificate has the buriol-tronsit prond Mental Hygienn and Mental Hygienn	9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	DEATH HOUR A	OF INJURY A.M. MONTH P.M.	DAY YEAR	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PA	ART 2)
DING PHYS or after this of the bury olth and Me		MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFIC	E, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn conv.	TY STATE
ATTENDI ospitol or CTOR: A d for use			220.1 certify that (this has sow the deceased alive a above. (we) (did) (did) 22b. SI@NATURE	on8	-16 19	00	8-15 19 80  nd that in (1944) (our) opinion  DEGREE	,	ote and hour and fro	om the couses stated  DATE SIGNED
by the hor by the hor ERAL DIRE de detochece Stote Dept Heral		,	Seus Classo 22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	lungr		ATTENDING PHYSICIAN	MEDICAL STA	FF /	8/16/80
TO HOSPITAL retoined by the TO FUNERAL Is should be detoom with the Stote IMPORTANT.		12.	SERVILL AN	10 6.	GUNG		7620 Yo	rk Road, To	owson, Md	. 21204
7/2 BP		(:	urial, cremation, remova Burial	1	19,1980	Dula	emetery or crematory ney Valley			co., Md.
DHMH - 16 50M 1/76			NERAL DIRECTOR		ADDRESS		1 6 1	TEREC'D. BY REGISTRAR	25h RECESTRAR'S SH	ete Para
(VR A 15 (4) )		Mi	tchell-Wiedefe	eld Home	, inc.	Balto	., Md. Al	IG 2 0 1980	ma pay 1	- Charty

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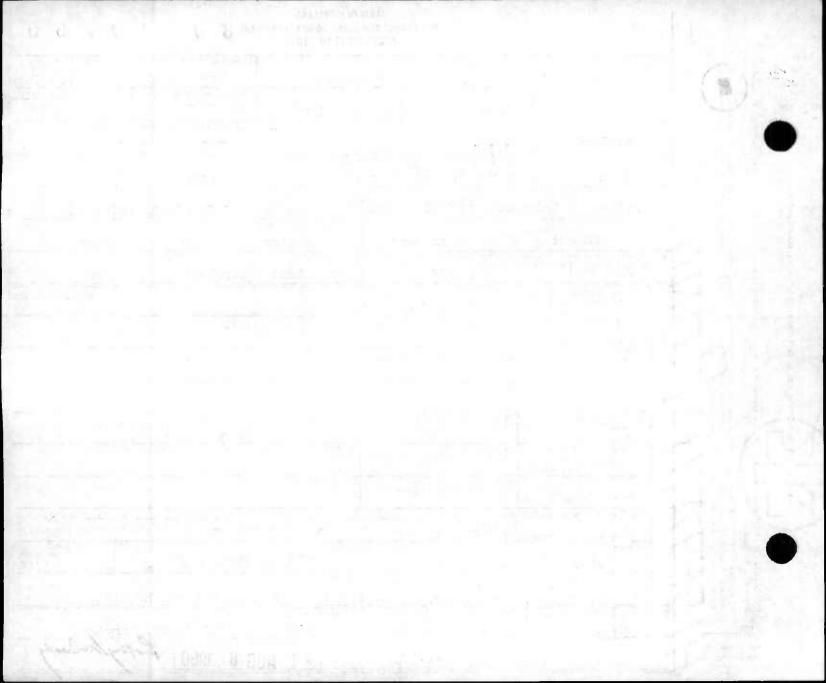
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page A retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages I and 2 shauld be filled within 72 hour a with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.	MPORTANT: If Hem 21 is marked at Hem 18 shaws any injury, at other traumatic event, the medical examiner must be positived at onces
SPI	l be	TAI
HC	P FL puld	Po
To	D 43	<u> </u>

DHMH - 16 50M 1/76 (VR A 15 (4) )

1				STATI	E OF MARYLAND			
1	FOR - STATE		DEPARTA	MENT OF H	EALTH AND MENTAL HYG	IENE 8 0	197	6 0
Ι.	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10	
1. DI	ECEASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
(TYP	Scott BKBY	, Richard	OV	Cmr	EDECE	ATTOTION	( 1000	5.07 -
3. SE		14 RACE	44	5. DATE C	REBECK	AUGUST		5:07 p
3. 30	Male	White		MONTH	DAY YEAR		MONTHS DAYS	HOURS MIN
2 0				Augus	st 6,1980		YRS	6
/a E	BIRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	MARRIEI	NEVER MARRIED X	9 BALTIMORE CITY C	OR COUNTY OF DEATH	
	Maryland	U.S.A.		WIDOWE		BALTIMOR	E COUNTY	M
10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN THE FACILITY, GIVE STREET		R OTHER INSTITUTION	12a USUAL OCCUPAT		OF BUSINESS OR
	TOWSON	All and a second	JOSEPH H		AL	None	y womano circy   mado and	
USL 13n	STATE IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		
		timore	Middle	River	YES NOX		arks Point F	27
4. F	ATHER'S NAME				15 MOTHER'S MAIDEN NAM			
	Robert	MIDDLE G	Strebe	ck	Esther	MIDDLE M		AST
160	WAS DECEASED EVER IN U.S. A		16b SOCIAL SECU		17 INFORMANT	ADDR	Harmon	1
		VE WAR OR DATES)		KIITNO				
_	140		N/A		Mr Robert (	strebeck	Same	
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	anly ane cause per	line far (a), (b), and	d Ic			APPRO BETWEEN	XIMATE INTERVAL
	Canditians, if any, which gave rise to immediate cause (a), stating the	(b)	r as a conseque					
	underlying cause last	DUE TO, OF	r as a conseque	ENCE OF				
	BARTO OTHER COMPLETE	(c)						
z	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>CC</u>	DATKIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1	10
CERTIFICATION	19a DATE OF OPERATION	10h CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	20g AUTOPSY?	20b IF YES, WERE FIND	INICS LISED
F	THE DATE OF OPERATION	198 CONDI	IIIOI4 FOR WHICH	OFERATION	V WAS PERFORMED		IN CERTIFYING CAUSE	
RTI		- AN THE C	E IN LAILING		Tat transfer a contra	YES NO	YES _	ио 🗌
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		M. MONTH DA	AY YEAR	21c HOW INJURY OCCURR	(ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)	
CAI	(IF EITHER, NOTIFY MEDICAL EXAMINE	anii.		19				
MEDICAL	21d INJURY OCCURRED	21e. PLACE (	OF INJURY REET, FACTORY, OFFICE, F	APM FTC	21f LOCATION STREET	CITY OR TO	WN COUNTY	STATE
2	AT WORK AT WORK	TOME, STR	, I ACIOKI, OFFICE, P	nom, c.(C.)		CIT OK TO	COUNT	STATE
	22a I certify that of (this has	oital) attended the	e deceased fram_	Augus	st 6 19.80	de August	6 19_80	, that X (we) last
	saw the deceased alive a abave, M (we) (did) (did)			<b>)</b> , an	d that in ( (aur) apinian c	death occurred an the d	ate and haur and fram th	
	22b. SiGNATURE	view the body	otter death.		DEGREE			ESIGNED
	MAN S		1.0		ATTENDING	MEDICAL STA	FF	
	22d. BHYSICIAN'S NAME ITTE	Lanar 1	· pros		PHYSICIAN [	DIRECTOR PHYSIC	CIAN Aug.	<u>7, 1980</u>
	226. grit ancies a resome time	( )						
	Maurice	B. Furlo	ng, M.D.		7620 York F	Road, Towson	n, MD 21204	
23a.	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION	FOHNTY	STATE
	Burial	8/8/8	0 6	Garden	s Of Faith	Baltimo	67 447	
24. F	UNERAL DIRECTOR		ADDRESS		25a. DATE	REC'D. BY REGISTRAR	256 RELISTRARS SHOW	Beech
	Leonard J R	uck Tnc	. Baltimo	ore M	aruland AU	IG 8 1980	balla.	7
		4635 7316	· Dallin	Le, M	arurana i nu	1000		



## FOR - STATE

STATE OF MARYLAND

REGISTRAR		CER	TIFICALE OF DEATH	REG. N	0.
DECEASED NAME FIRST HE LE		DDLE VO TO	'ASSTRECKTUS	20 DATE OF DEATH	MONTH DAY YEAR 26. HOUREM
				1.105	8 16 1980 4:55 4
3 SEX	4 RACE		TE OF BIRTH	& AGE (IN YEARS LAST BIR	MONIHS DAYS HOURS MIN
Female	White		anuary 17, 1901		YRS
8. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	RRIED NEVER MARRIED	BALTIMORE CITY C	OR COUNTY OF DEATH
Maryland	U.S.A.	WIDO	OWED DIVORCED		e County, MC
O CITY OR TOWN OF DEATH		DSPITAL, NURSING HOAFACILITY, GIVE STREET ADDRESS	ME OR OTHER INSTITUTION	12a. USUAL OCCUPAT	
TOWSON	GBMC-	6701 N. C	HARLES ST.	Home Make	
USUAL RESIDENCE (IF NURSING HOME 130 STATE 13b CO		IVE RESIDENCE BEFORE ADMISS	ION) \$134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
		Lutherville			ate Road
4 FATHER'S NAME			15. MOTHER'S MAIDEN N	AME	
Henry	MIDDLE	Godwin	Catheri	MIDDLE	Mackervane
60 WAS DECEASED EVER IN U.S.		66 SOCIAL SECURITY N		ADDRI	
(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	212-16-4061	D Donald Str	eckfus 6642	Allview Drive
18 CAUSE OF DEATH (Enter					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAU	SED BY.	CEREBROVA	SCULAR ACCID	ENT	STATE OF STA
1/2/ IMMEDI	ATE CAUSE (a)				
736	DUE TO, OR	AS A CONSEQUENCE C	)F		
Canditions, if any, which gave rise to immediate	(b)				
cause (a), stating the underlying cause last.	DUE TO, OR	AS A CONSEQUENCE C	)F		
	( (c)				
PART 2. OTHER SIGNIFICAN	CONDITIONS CON	NTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(a)
0			1		
190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	196 CONDITI	ION FOR WHICH OPERA	TION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
i i				YES NO	YES NO
00.00.00.00.00.00.00.00.00.00.00.00.00.	21b. TIME OF		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF E			19		
(IF EITHER, NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED	21e PLACE O	F INJURY	211 LOCATION	CITY OR TOV	VN COUNTY STATE
WHILE NOT WHILE AT WORK	(AT HOME, STREE	I, FACTORY, OFFICE, FARM, ETC	3 INCE	CITY OR TO	VN COUNTY STATE
22a I certify that (I) (this has	pital) attended_the	deceased from	R-11 19 8	0_10_8-16	19 80, that (I) (we) last
saw the deceased alive of obave, (1) (we) (did) (did)	n 8-		, and that in (my) (aur) apinio	n death accurred on the d	ate and haur and from the causes stated
27h SIGNATURE	nat) view the bady at	rier death.	DEGREE		22st DATE SIGNED
1890.1	1)-//		ATTENDING	MEDICAL STA	F _ / 2/11/2
224 PHYSICIAN'S NAME (TYPE	OR PRINT)	3-6	PHYSICIAN  22e ADDRESS	☐ DIRECTOR ☐ PHYSIC	1ANU 16/6/60
0		-600-	GBMC-670	1 N. CHARL	FC CT
MAYMON		ELATTRO			LJ JI.
30. BURIAL, CREMATION, REMOVA (SPECIFY)	10,10	the state of the s	OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
Burial	Aug. 19,	1980   Lorra	ine Park Cemet	ery Woodlaw	n Baltimore, Md.

ADDRES 1050 York Road

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

DHMH-16 25M (VRA 15, 4) 1/79

24 FUNERAL DIRECTOR

CERTO CTOT 11. CHIRLOS CT. 170 CHILLES IN TOTAL CHILLES 77 

the defined Arthur 1972 to 1974 and 1975 and the Country of the Arthur 1975 and the Ar

irrul director, poge 3

executed within 24 hours after death. Page

	FOR	
-	STATE	
	REGISTRAR	

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

52	0	1	0	7	4	0
O	U	- 1	9	1	0	dia
	DEC NO					- 500

	- STATE REGISTRAR				CERTIF	CATE OF DEATH	REG. N		/	0 2
	CEASED NAME	FIRST		WIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
		Albert	t A	L •	r C	TUBBS	August 31			:05 p
3 SE	×	4	RACE	V	5. DATE C	PAY 1911	6 AGE (IN YEARS LAST BI	9 YRS.		UNDER 24 HI
90	HOLE TS	LAND	CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED	Baltimore City of		ATH	
11	ESSEX		FRANK	LIN SC	P. H	R OTHER INSTITUTION $+OSP$ .	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST) RET		KIND OF BU	JSINESS (
13a. :	AL RESIDENCE (IF NL STATE MO	13b COUNTY	Υ	13c. CITY OR TOV	VN I	13d. INSIDE CITY LIMITS? YES NO		VERSIDE	R	0.
5		IAM	Dale F.	STUR		15. MOTHER'S MAIDEN NA FIRST MAR	4 EMI		LAST	
	WAS DECEASED EVE YES, NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	035-03-	9961	MARY STO	UBB5 WIFE	1 ABOV	APPROXIMATE LET WEEN ONSE	111-25
CERTIFICATION	PART 2 OTHER SIG	gnificant co				NOT RELATED TO THE TERM	ZOG AUTOPSY?	20b. IF YES, WERE	FINDINGS	USED
H H							YES NO	IN CERTIFYING (		DEATH?
	21g. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN (TEM 18 PART I OR	PART 2)	
MEDICAL	21d. INJURY OCCU	URRED WHILE	21e. PLACE ( (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE	FARM, ETC )	21f LOCATION STREET	CITY OR TO	OWN CO	VINU	STATE
	22a.1 certify that saw the dece above, (*) (we)	(this hospital osed alive an (did)(did of)		31 198	Aug.	31. 1 <sub>9</sub> 80 d that in ( <b>p</b> 44 (aur) apinion	to Aug. 3	L 1980 late and haur and f		<b>(४</b> (we) I ses stated
	22b. SIGNATURE	Stak	e n	D		DEGREE ATTENDING PHYSICIAN [	MEDICAL STA DIRECTOR PHYSI	FF _	B/31/	NED NED
	Peter Physician's	Stahl	Pet	er Stahl	, MD	22e. ADDRESS 9000 Fran	klin Square	Dr. 21	237	
	BURIAL, CREMATION		23b. DATE 9/3	2 -	NAME OF C	NS OF FAIR	23d. LOCATION CITY OF TOWN	LTO COUN	MO	STATE
24 F	UNERAL DIRECTOR					00 0 17	E REC'D. BY REGISTRAF			

DHMH-16 30M 2/B0 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please remove carbon applit. Pages I and 2 th with the State Dept. of Health and Mental Hygiene prior to burial, cremation, an itemaval.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspital or attending physician.

WAREL BASE

\$	2	E
	hours after death. Page 4 may be	in by the funeral director, page 3 filed within 72 hours of ter death
1201	hours aft	in by the filed with

executed within 24 hours after

FOR - STATE

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	0	T	9	1	6	
	REG. NO.					

_	REGIST	RAR			CEKITIF	ICATE OF DEATH	REG. N	0.	
iza,	1. DECEASED N (TYPE OR PRINT)	ANTE	N	Joseph	Si	IATEK	2e. DATE OF DEATH	8-29-80	28. HOUR 16 30 A
June 1	3 SEX	M	4 RACE	AUC	5. DATE C	F BIRTH  A - B - GEAR	6. AGE JIN YEARS LAST BIR	(HDAY) IF UNDER 1 YEAR MONTHS GAYS	
977	COUNTRY)	E (STATE OR FOREIGN	16 CITIZEN C	OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED D	Baltimore Baltimore	County of DEATH	
St be not	IO CITY OR TO	Ustown	11. NAME O	F HOSPITAL, NURSING	NG HOME (	PROTHER INSTITUTION  ral Hospital	12e. USUAL OCCUPAT	ON 126. KIND INDUSTR	of business levelan
SE ME		NCE (IF NURSING HOA		on, give residence before 131. CITY OR TOV	RE ADMISSION)	134. INSIDE CITY LIMITS?	3538 Carri	Ap age Hill Cir	ot. 203 c. 211
djčal exar	14 FATHER'S N		MIDDLE	LAST		15 MOTHER'S MAIDEN NA FIRST Un	ME MIDDLE KNOWN	E 1	AST
, the med	I WAS DECI IYES, NO OR I	ASED EVER IN U.S		276-28-7		17 INFORMANT Eleanor Heath		iss Apt. 203 iage Hill Ca	ir. 211
s any injury, o						NOT RELATED TO THE TERM	VINAL DISEASE OR CON	DITION GIVEN IN PART	
3 show	21g. ACC	NA	198 CON	IDII ON FOR WHICE	OPERATIO	N WAS PERFORMED	YES NO	IN CERTIFYING CAUSE	S OF DEATH?
ked or Item 1	OR CONT INFEITHER	IDENT WAS UNDERLYING RIBUTING CAUSE O CAUSE O COURTED	PDEATH HOUR	OF INJURY A.M. MONTH D P.M. E OF INJURY STREET, FACTORY, OFFICE,	19	211 LOCATION STREET	RED (ENTER NATURE OF INJU		STATE
T: If Item 21 is marl	27g 1 cer	the deceased alive	aspital) attended	the deceased fram.	80.	nd that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN I	death occurred on the d	22c. DA1	that (I) (we) the causes stated E SIGNED
MPORTANT	274 1/6	worked	V.RE	bdy		RANDAUCTE	TIMONE CON		Hrsp
	[SPECIFY]	rematión, remo rial	9/2/8	200		ine Park Cem	Woodlawn	Balto M	d

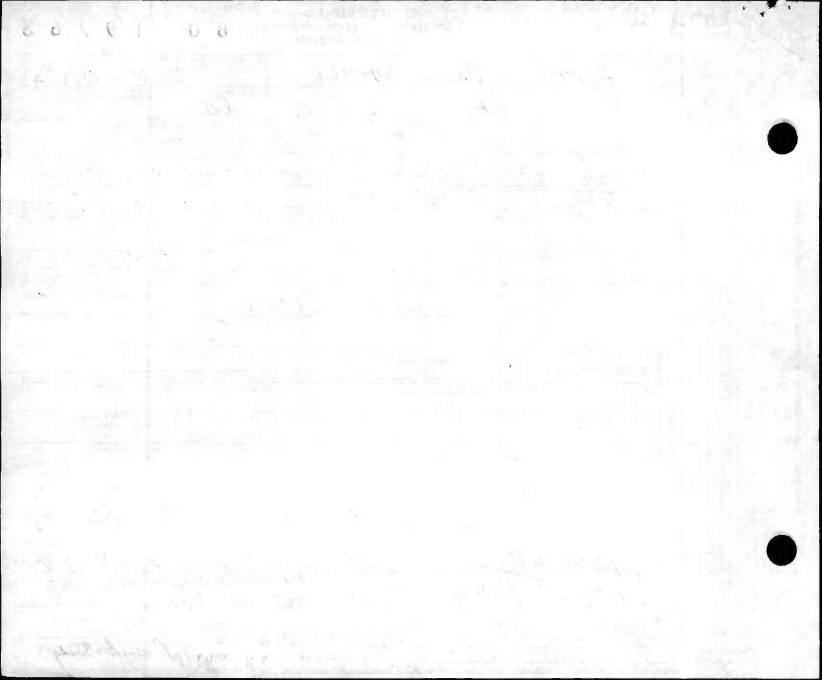
BP. DHMH-16 25M (VRA 15, 4) 1/79

24 FUNERAL DIRECTOR

NAME 8728 Liberty Rd ADDRESS Randallstown Loring BYers Funeral Directors, P.A. Md 21133

ATTENDING PHYSICIAN:

TO HOSPITAL OR ATTEI



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	Tat
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	SPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dea by the hospital or attending physician.
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Pages 1

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If Item 21

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ECTOR: After this certificate has beer for use as the burial-transit permit. Th . of Health and Mental Hygiene prior

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST MIDDLE LAST 7. DATE OF DEATH MONTH DAY YEAR 26. HOUR (TYPE OR PRINT) ROSE SZIRMA! 27 IF THNDER 24 MPS 4 RACE 5. DATE OF BIRTH AGE (INJUGARS LAST RIRTHDAY) IF UNDER I YEAR 3. SEX MONTH HOURS YEAR MONTHS FEM ATE CAUCACION 18 94 BALTIMORE CITY OR COUNTY OF DEATH TR. BIRTHPLACE (STATE OR FOREIGN 7% CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY HUNGRY II.S.A. BALTIMORE COUNTY WIDOWEDXX DIVORCED MD. IR CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR BALTIMORE COUNTY GENERAL HOSPITAL TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY RANDALLSTOWN. AT HOME HOUSEWIFE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13m STATE 13h COUNTY 13c CITY OR TOWN 134. INSIDE CITY LIMITS? 13s. STREET ADDRESS BALTIMORE RANDALLSTOWN 9007 BRUNO ROAD #21133 MARYLAND YES [ NO I IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE SCHLËS INGER BERTHA MERTON VITEL IT INFORMANTMR. THOMAS STRMATES 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 218-52-0740JI NO 9007 BRUNO RD. #21133 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO OR AS A CONSEQUENCE OF THOU SCHUDIC Canditions, if ony, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse Ogreon thing us PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO Z YES T NO R 71a ACCIDENT WAS UNDERLYING 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. MEDIC 214 INJURY OCCURRED 21s PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNT STATE NOT WHILE WHILE AT WORK AT WORK 24 220 | certify that (1) (this hospital) attended the deceased fram, 8-27sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OF PRINT) 22R ADDRESS DR. S. D. PATEL. 23n BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE (SPECIFY)

TO FUNERAL DIREC should be detached for with the State Dept. o MPORTANT 8-28-80 CHEVRA AHAVAS CHESED RANDALLSTOWN BALTO 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 25s. DATE REC'D. BY REGISTRAR 35h. DHMH-16 25M 6010 REISTERSTOWN RD., BALTO., MD 1980 21215 (VRA 15, 4) 1/79

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STATE OF MARYLAND

DEPARTMENT OF HEA

ALTH AND MENTAL HYGIENE	8	0
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AIL OF PLAIN		REG. N

CERTIFIC LAST 2a DATE OF DEATH MONTH OAY YEAR 2h HOUR 1980 3:25a M August SZLACHETKA 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS OAYS HOURS

VINCENT RACE

76 CITIZEN OF WHAT COUNTRY?

MIDDLE

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

MARRIED NEVER MARRIED WIDOWED DIVORCED

202010

17 INFORMANT

134. INSIDE CITY LIMITS?

21

Baltimore County 12s. USUAL OCCUPATION (TYRE'S WORK FOR MOST OF WORKING LIFE)

12h KIND OF BUSINESS OR

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI OUNTY

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

IMMEDIATE CAUSE (a).

OSocia

NOT IN SUCH FACILITY GIVE TREET ADDRESSI

YES [ 15. MOTHER'S MAIDEN NAME FIRST

MIDDLE slow

**BALTIMORE CITY OR COUNTY OF DEATH** 

LAST ADDRESS

60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (F YES, GIVE WAR QUORTES) OR UNKNOWN 60

FIRST

Encephalitis

(clinical), cerebral edema

BETWEEN ONSET AND DEATH

Canditions, if any, which gave rise to immediate cause lat, stating the

190 DATE OF OPERATION

21d. INJURY OCCURRED

WHILE AT WORK

PART I. DEATH WAS CAUSED BY

FOR

REGISTRAR DECEASED NAME

BIRTHPLACE (STATE OR FOREIGN

- STATE

(TYPE OR PRINT)

14. FATHERE NAME

CERTIFICATION

MEDICAL

underlying cause last.

DUE TO OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

200 AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL YES [ NO [ 21c HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION STREET

CITY OR TOWN

Amoust

STATE , that (we) last

saw the deceased alive an August 5 the body after death 221. S GNATURE

22a.1 certify that \*\*(this haspital) attended the deceased fram\_

Westrick

DEGREE

.T117 3r

ATTENDING MEDICAL STAFF PHYSICIAN | DIRECTOR | PHYSICIAN

80

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

NOT WHILE

AT WORK

22e ADDRESS

9000 Franklin Square Drive 21237 23d KOCATION 23c, NAME OF CEMETERY OF

.19 80 , and that in 194 (aur) opinian death occurred an the date and haur and from the causes stated

230 BURIAL, CREMATION, REMOVAL 23b. DATE

21a PLACE OF INJURY

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

STATE

DHMH-16 25M (VRA 15, 4) 1/79

COUNTY

6 8 The co of spinion spinion Mumphool USA Company Bearing The Street Traylord Billmon Rosinlate X (1 Chapter & 1942 John Salachatida Thomphelin Slowik 705 CULT 319013874 Cablerd Scholl HA 11 Chab 11 The - attended to the second Bush of the contract Billiam Biltone Inch The Leading the Land was the State of the free free hardening

# executed within 24 hours aft

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

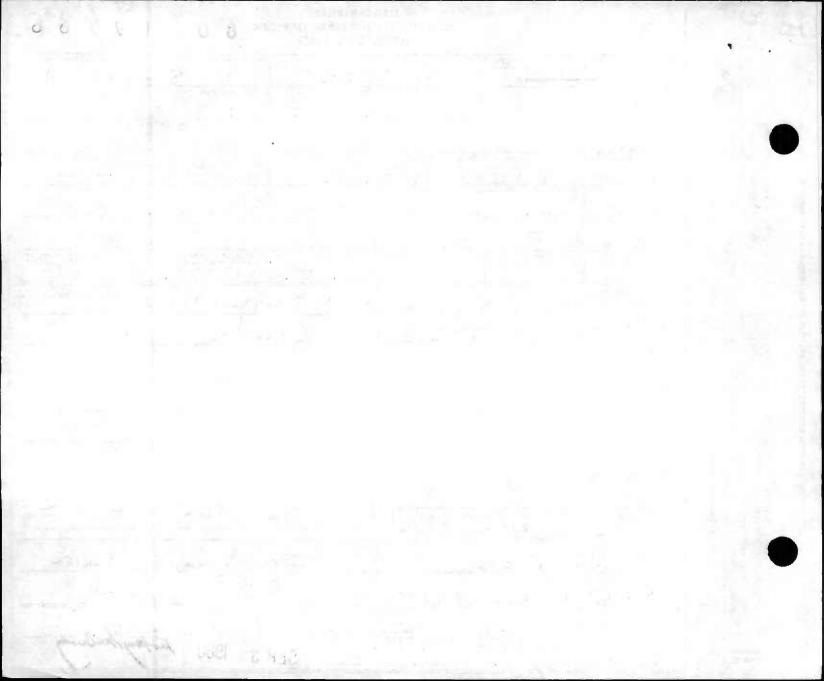
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STATE OF MARYLAND

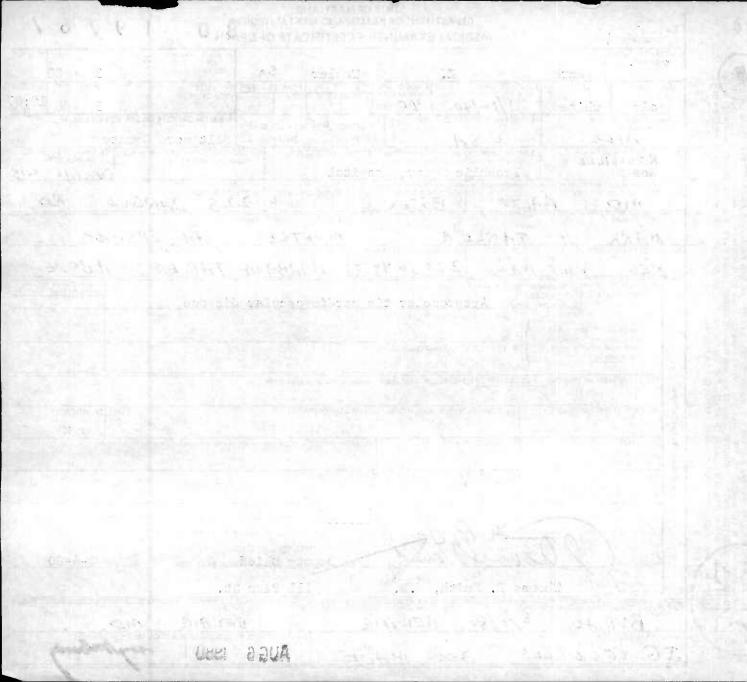
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

' '	REGISTRAR				CERTIF	ICATE OF DEAT	TH	REG. N	0.		
1 DE	CEASED NAME	FIRST	SOPHIE'	MIDDLE		LAST			MONTH	DAY YEAR	26. HOUR
(""	S	MI	4		1	ABB.			8:	2680	19 A M
3 SE	× F <sub>EMALE</sub>		400	HITE EXXXXX -	S DATE O	DAY	YEAR	6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	
7a. BI	IRTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	B ALADDIE	D NEVER MARK	DIED []	1 BALTIMORE CITY	R COUN	TY OF DEATH	
	RUSSIA		USA	4		DXX DIVOR		BALTIM	ORE C	COUNTY	MD.
10 C	ITY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITUT	ION	12a USUAL OCCUPAT			OF BUSINESS OR
I	RANDALLSTO	WN		MORE_COUN'		N.HOSP.		HOUSEWIF			HOME
13a S	AL RESIDENCE (# NURS STATE MARYLAND	136 COUN	₽TY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW REISTERS'	N	134 INSIDE CITY L		13ª STREET ADDRESS 54 CARAWA	Y RD.	. #2	1136
14. FA	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MA	IDEN NAM			100	AST
	KOPEL		WIDDLE	TERKOWI	ΓZ	EST	HER	WIDDLE		PINSH	
- 0	WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	166 SOCIAL SECU	RITY NO	AVE., A		HAROLD 1981 1-3 BAL	₿₿ <i>€</i> ТО.,		ENSPRING 1209
	IL CAUSE OF DEAT	H (Enter an	ly ane cause per	lige for (o), (b), one	dicti (	0 10 1		1/2	^	BETWEEN	XIMATE INTERVAL
CERTIFICATION	gave rise to imm cause (a), storin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA	last	(c) CONDITIONS <u>CC</u>		DEATH BUT	NOT RELATED TO		NAI DISEASE OR CON	200. IF Y	YES, WERE FIND	INGS USED S OF DEATH?
E .	21a. ACCIDENT WAS UND	ERIVING F	216. TIME C	E INTITION		In How IN HIP	OCCUPPI	YES NO		YES [	NO []
MEDICAL C	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DEA	HOUR A.	M. MONTH DA	YEAR		OCCORRI	ED (ENIER NATIONE OF 1970	KI IN UEM I	o, raki i Okraki zj	
MED	21d. INJURY OCCURE WHILE AT WORK NOT WE AT WO	HILE [	21a PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
	22a.1 certify that (1) saw the decease above, (1) (Web) (c	ed alive an	6/50	19			P ) L	eoth occurred an the d	ate and h		
	22b. SIGNATURE	21	Cu	م		PHYS	NDING SICIAN	MEDICAL STA	FF CIAN []	85	K/80
	Robert	CL CL	00.0	nickt	74-3	Pro ADDRESS	10	If P/c	21	rull	
	BURIAL, CREMATION, SPECIFY) BURIA	L	AUG.2	7,1980 S		EMETERY OR CREM		23d. LOCATION CITY OF TOWN ROSEDA		BALTO.	STATE
24 FI	NAME 6010 REIS		LEVINSON OWN RD.	V & BROS. BALTO			SEP	3 1980 AR	254	May Fred	ready

BP. DHMH-16 25M (VRA 15, 4) 1/79



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1			PE OR PRINT)	F = 21.5 M									Or	KNOWN [			YEAR	25 HOUR
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	Canal Se			Law - Lwitt	MON	- / -	YEAR	6. AGE (IN YEAR LAST BIRTHDAY	) MONTHS		HOURS 1	4 HRS. 2c.	DATE	ICED	MONTH	DAY	YEAR	2d. HOUF
	AND NOR		male	white	71. 61		10	4-C YRS					DEAD		8	3	19 80	10:00
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	NECESSA FUNERAL 5 FOR YOU WITHIN		m.			US	A		WIDOWE		DIVORCED			more		- 4		MD
	IF ANY DELAY IS NEW AND 3 TO THE FUN E. RETAIN PAGE 5 F SHOULD BE FILED, W RECORDS, 301 W F	10. C	RS SSU	OF DEATH	( NF	AME OF HOSP NOT IN SUCH FAC	ILITY, GIVE STE	REET ADDRESS)			ION I	FOR MOS	OCCUI	ATION (TY	PE OF WORK	12b. KII	ND OF BU NDUST	ISINESS RY
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5	AND 3 TO RETAIN I HOULD BE		AL RESIDENCE TATE	(15 IN NURSING HOME		INSTITUTION, GIVE	113/ CITY	OR TOWN		3d. INSIDE CIT	Y LIMITS? II	3e. STREET	ADDRE	ss				
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MD. 2	. 0 00 3	14. F/	ATHER'S NAME		MIDDI	F		AST		15. MOTHER	R'S MAIDEN	NAME		IDDIE			LAST	
ř.	SES 1, A PM AND 2		MARK	14.	7	ABLE	ER	731		MYR	TLE		A	NOS	-RSC	N	d .	
AOR	TER DE FORM IS 1 AN	16a. V	WAS DECEASE ES, NO, OR UNKNO	DEVER IN U.S. A	RMED FO	ORCES?		AL SECURITY		7. INFORM	ANT	2		ADDRES	S			
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-	^ F		18. CAUSE C	F DEATH (Enter o	only one o	ouse per line f	or (o), (b),	ond (c).)						MI.			PROXIMAT	E INTERVAL T AND DEATH
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*	UTED WITH N PENCIL I EXAMINER RIAL-TRANS MENTAL I OR REMOV		couse (a	stating the unde		DUE TO, OR A	S A CONS	EQUENCE OF				- 7/1						18.1
301	E X 4 > F	- 6	lying cou	ise tost.		(c)												
		7	PART 2 DTHER SI	GNIFICANT CONDITION	S CONTRIBL	JTING TO DEATH BU	IT NOT RELAT	ED TO THE TERMIN	AL DISEASE I	R CONDITION	GIVEN IN PART	1 (a),						
DIVISION OF VITAL RECORDS,	D BE EX ENDING MEDICA AS A I	ON	E0 191															
	HIEF A	MEDICAL CERTIFICATION	19a. DATE OF	OPERATION		196. CONDITI	ON FOR W	HICH OPERA	TION WA	S PERFORM	NED?			Dist.		2D A	UTOPSY	?
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NO	FICA THE	AL	UNDERLYING	OR NG CAUSE OI	F DE ATH	HOUR A.M.	MONIH	DAY YEAR	17									
/ISIG	F () T 4 F	EDIC	71d INJURY C	CCURRED		21e PLACE OF		(AT HOME.	21f. LOC				_				756	
10	THIS CER WARDED PAGE 3 S STATE DEP	8	WHILE AT WORK	NOT WHILE AT WORK		STREET, FACTO	RY, FARM, ETC	)	STE	REET		CI	ITY OR TO	VN	CC	YTAUX		STATE
	111 00 -				(.1				Autopsy	7777								
	MAKE SHO			fy that I took sha		te!	ibed obov	e, held an	Autopsy		Inspection !		Inquiry		nd in my o	pinion		
	AMIR RTIFIG S BE RECT TITH I		death result	Not Not	ural cour	a a	Dan Ch	7	de L	Homicia		Undeterm	nined mo	nner [,	24			
	L EXAMINE E CERTIFICA OULD BE FA L DIRECTOR H, WITH THE MARYLAND,	163	ACTUAL	11	15	unel	1//	W	-	TITLE (SPE		: . =			DATE	0	/. 0/	0
	SHE SHE ERA		SIGNATURES	100	100	1	2.7.5.	A	WE	Depu	ty Chi	<b>L</b> ₩£DICA	LEXAM	INER	SIGNI	ED_O	<u>-4-8</u>	,
	A PENON		EXAMINER'S (TYPE OR PRIN	NAME T	homa	s D. Sn	nith.	M.D.		1	11 Per	nn St						
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNRED INECTOR AFTER DEATH, WITH THE BALTMORE, MARYLAN	23o, BI		TION,REMOVAL				AME OF CEME		DDKE33								
00		(5	PECIFY) 2:1	RIAI	8	1/80		EL A		CKEMATOR		23d. LOCA	ZA1	A	COU		ST	ATE
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

DHMH - 16 50M 1/76 (VR A 15 (4))

		FOR STATE REGISTRAR		STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO	i	9 /	68
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH M	ONTH	T C	26. HOUR
-	3. SE)	FRANC	4 RACE	I ALCOT	6 AGE (IN YEARS LAST BIRTHO	AYI I	IF UNDER I YE	AR IF UNDER 24 H
	J. 3E/	Female	Caucasian	MONTH DAY /YEAR =	8 87		MONTHS DA	
35	CC	RTHPLACE (STATE OR FOREIGN DUNTRY)  aryland	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR		/	ountu
90		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IDNOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Home Maker	VORKING LIF	12b. KINE INDUSTI Own	
35	13a S	MD. Ba	OR OTHER INSTITUTION, GIVE RESIDENCE BEFULLY OR TO THE TOWS	YES NO X	13e. STREET ADDRESS	esti	nut	Ave.
2	I4 FA	THER'S NAME	MIDDLE	15. MOTHER'S MAIDEN N	AME MIDDLE		Dr.	LAST A
7		AS DECEASED EVER IN U.S.		CULITY NO. 17 INFORMANTO	ADDRES:	S		achar 1204
- 1	(1	ES, NO OR UNKNOWN) (IF YES, C	ago - 44	-6392 Pickersgill	615 Chestr	nut A		
		PART I. DEATH WAS CAU	only one couse per line for (a), (b), of SED BY ATE CAUSE (a)	rovasculat Accid	lent			OXIMATE INTERVAL EN ONSET AND DEA
		436 - Conditions, if ony, which	DUE TO, OR AS A CONSEO	UENCE 8 rain Syndra	ne		y.	2346
		gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEO	UENCE OF Anterioscler	polis		ye	210
	NOIL	Re	current Basal	Cell Carcina	of Nove	1		
9	CERTIFICATION	190 DATE OF OPERATION		H OPERATION WAS PERFORMED	YES NO	IN CERTIF YE	YING CAUS	DINGS USED SES OF DEATH? NO
9		2) a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF I  (IF EITHER, NOT IFY MEDICAL EXAMIN		DAY YEAR	RRED (ENTER NATURE OF INJURY I	IN ITEM 18, P	ART I OR PART	2)
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	CITY OR TOWN		COUNTY	STATE
		saw the deceased alive	pital) attended the deceased from	So , and that in (my) (see) opinion	to Avg	and hou	r ond from t	_, that 🍅 (we) l
		22b. SIGNATURE From	R Supple. The	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	ли 🗆	221. DA	TE SIGNED
1		22d. PHYSICIAN'S NAME (TYPE)	K Supplee ==	615 Chest	100	wson	aM,	, 21204
	(5	urial, cremation, remov pecify) urial		NAME OF CEMETERY OR CREMATORY Loudon Park Cemeter	y Baltimore	e,	county Mar	yland
		NERAL DIRECTOR NAME  Ck Towson Fund		JOU TOLK ROAD	TE REC'D. BY REGISTRAR 29	Rope	PAR'S SIGN	Gudy

The same of the sa Manager and the second second in the second second in The state of the s

cuted within 24 hours after death. Page 4 may be	2
ompletely filled in by the function forestor, page 3 and 2 should be filed within 72 mount after death	e E

	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 0 REG. NO.	9769
ì	I. DECEASED NAME FIRS (TYPE OR PRINT)	T MIDDLE	LAST	20 DATE OF DEATH MONTH D	PAY YEAR 26. HOUR
ı	Carv	er L.	Tawney	8 2	21 80 1:43 PM
ı	3 SEX	4 RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
Į	Male	White	Feb. 11, 1894	86 yrs "	AONTHS DAYS HOURS MIN
1	BIRTHPLACE (STATE OR FOREIGN Maryland	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED NORCED	Baltimore County Baltimore County	
	10 CITY OR TOWN OF DEATH TOWSON	(IF NOT IN SUCH FACILITY, GIVE STREET	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Salesman	126. KIND OF BUSINESS OR
	13a. STATE 13b. (	me or other institution, give residence before county 13c. CITY OR TO altimore 212	WN \$130. INSIDE CITY LIMITS?	130. STREET ADDRESS 6724 Collinso	dale Road
50	John	Tawney	IS MOTHER'S MAIDEN NA FIRST Annie	WIDDLE	Carver
1	160 WAS DECEASED EVER IN U.		URITY NO 17 INFORMANT	ADDRESS	
	NO OR UNKNOWN) (18 YE	213-05-	-8123 Helen T. P	atterson Baltin	more, Md.2123
	PART 1. DEATH WAS C	ter only one couse per line for (a), (b), c AUSED BY Car EDIATE CAUSE (a) DUE TO, OR AS A CONSEQ th (b) MyC	rdiac Arrest  UENCE OF DEATH OF ARREST OF ARRE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	underlying couse los	DOE TO, OK AS A CONSEQ	OENCE OF		

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)

190 DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

MONTH DAY YEAR

20e AUTOPSY?

20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | NO [

YES 🗌 NOX 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2)

CITY OF TOWN

COUNTY STATE

80 and that in (my) (our) apinion deoth occurred on the date and have and from the couses stated DEGREE

8/19

STAFF ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN X 22c DATE SIGNED

Dr. Victor V. Cheloleiber

22e.1 certify that (I) (this hospital) attended the deceased from 8/21 19

22e ADDRESS 6701 N. Charles St.

21204

236 BURIAL, CREMATION, REMOVAL Burial

23b. DATE

216. TIME OF INJURY

21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

HOUR A.M.

231 NAME OF CEMETERY OR CREMATORY

211 LOCATION STREET

23d. LOCATION CITY OF TOWN

STATE Co., Md.

William E. Johnson 8521 Loch Raven Blvd AUG 25 1980

DHMH-16 25M (VRA 15, 4) 1/79

should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to

TO FUNERAL DIRECTOR:

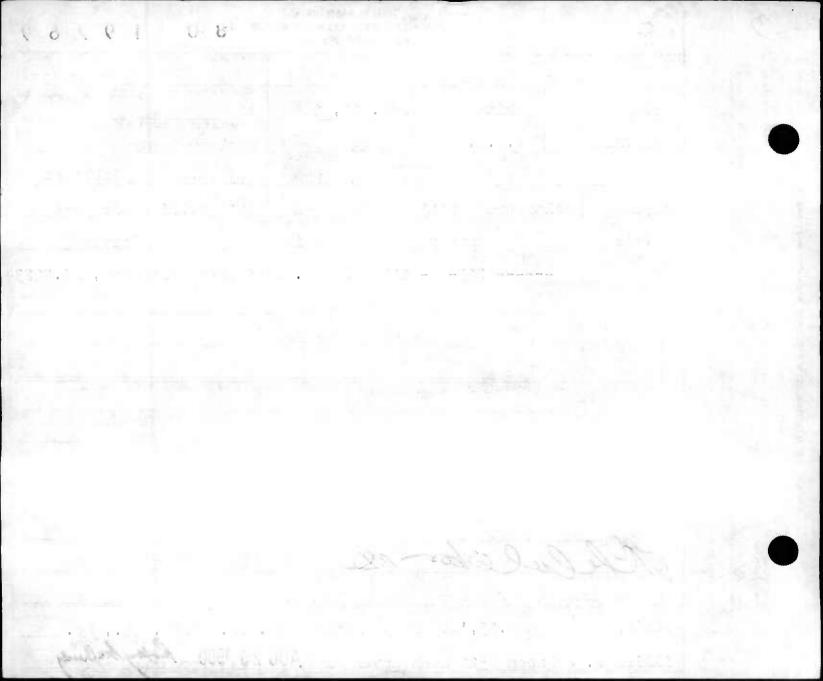
is marked or Item 18

MPORTANT: If Item 21

CERTIFICATION

MEDICAL

WHILE AT WORK



	1-	FOR STATE REGISTRAR XC	01 0	94 944	DEPARTA	AENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	ı	9 7	7	0
		CEASED NAME	FIRST	A	AIDDLE	ı	AST	The British of Bernin	ONTH	DAY YEAR	26. HOUR	
		BEN.	JAMIN		T	AYLOR		AUGUST 9, 1	980		4:18	PM
	3. SE	X		4 RACE	77	5. DATE C		& AGE (IN YEARS LAST BIRTH		IF UNDER I YEAR	# UNDER 24 H	-
		MALE		BL	ACK	JANU		88	YRS.	MONINS DATS	I MOURS   MI	
1		RTHPLACE (STATE OR FO	PREIGN	76 CITIZEN OF	WHAT COUNTRY?	AAA PRIE	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY	OF DEATH		
/		ISSISSIPPI		U.S.A.		WIDOWE		BALTIMORE	COU	NTY		MD.
3		ORT HOWARD	TH	( IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	HOWARD, MD.	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF LONGSHOREM	WORKING LIF		F BUSINESS	OR
5	13a. S	AL RESIDENCE (IF NURS STATE ARYLAND	136 COUP	ROTHER INSTITUTION, NTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW BALTIMO	N	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 1433 MADISO	N AV	SIUNE		
0	14. FA	Alex		MIDDLE	Taylor		IS MOTHER'S MAIDEN NAME FIRST Annie	ME MIDDLE IV.		Tavlo		
2		VAS DECEASED EVER VES, NO OR UNKNOWN) YES	(IF YES, GIV	MED FORCES? E WAR OR DATES)	212 09 6	RITY NO.	CLIN. RECDS.	VAMC, FORT		RD. MAR	YLAND	
		PART I. DEATH W.	AS CAUSE	n ev			TORY FAILURE			APPROX	MAYE INTERVAL ONSET AND DEA	TH.
		Conditions, if any,		DUE TO, OI	BRONCHOP		NIA			2 1	AYS	
		cause (a), stating underlying cause	last.	(c) I	AS A CONSEQUE METASTATI	C ADE	NOCARCINOMA O				EARS	
7	IFICATION	PART 2 OTHER SIGN					NOT RELATED TO THE TERM	200 AUTOPSY?	206. IF YES	S, WERE FINDING CAUSES	IGS USED OF DEATH?	

210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that # (this haspital) attended the deceased from 80 saw the deceased alive an and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated

224 PHYSICIAN'S NAME (TYPE OF PRINT) P. SINGH. M.D. 230 BURIAL, CREMATION, REMOVAL 23b. DATE

V.A.M.C. 23c NAME OF CEMETERY OR CREMATORY Auburn

Mt.

22ª ADDRESS

DEGREE

ATTENDING

PHYSICIAN []

HOWARD, MARYLAND 21052 236 LOCATION CITY OF TOWN COUNTY

STATE Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

22L DATE SIGNED

8/9/80

Burial 24 FUNERAL DIRECTOR

226. SIGNATURE

1300 Eutaw Pl. A. Rice F.S.P.A. Chas.

8-14-80

abave, (# (we) (did) (did not) view the bady after death.

MEDICAL

DIRECTOR PHYSICIAN

Westport

**DHMH-16 25M** (VRA 15, 4) 1/79

should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to

TO FUNERAL OIRECTOR:

marked or Item 18

MPORTANT: If Item 21

MEDICAL

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stalls the color.

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### STATE OF MARYLAND

8	0	1		9
	REG NO	)	1 1	

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	REGISTRAR				CEKITI	FICATE OF DEATH	REG. NO	o. 1		Control of the same
1. DI	CEASED NAME	FIRST	,	MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
1149	E OR PRINT)	LLIAN	1	E.	TAY	LOR	J. 1	8	21 80	12:24A
3. SI	X	4	RACE			OF BIRTH	& AGE IN YEARS LAST BIRT	HDAY)	# UNDER I YEAR	
	Male	-	White		June	10, 1894 YEAR	86	YRS	MONTHS DAYS	HOURS MIN.
	SIRTHPLACE (STATE OR FO	DREIGN 7	CITIZEN OF	WHAT COUNTRY?	1	ED NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
	larvland		U.S.	.A.	WIDOW		BALTIMORE	E CO	UNTY .	MD.
	ITY OR TOWN OF DEA	TH T	I, NAME OF	HOSPITAL, NURSIN	NG HOME	OR OTHER INSTITUTION	12ª USUAL OCCUPATE	ON	12b. KIND (	OF BUSINESS OR
	TOWSON		GBMC-		CHA	RLES ST.	Police Off			. City
13a	JAL RESIDENCE IF NURS STATE [arvland	NG HOME OR OF 136 COUNTY Balti	Υ	13c. CITY OR TOV		134. INSIDE CITY LIMITS?	13. STREET ADDRESS 204 E. Jop	no Po	and.	
-	ATHER'S NAME	Dalli	more	TOWSON		15 MOTHER'S MAIDEN NA		pa Ku	oau	
	David		A.	Taylor	c	Elizabet	MIDDLE		MuÎ	
	WAS DECEASED EVER			166 SOCIAL SECU	URITY NO	17 INFORMANT	ADDRE	SS		
	NO OR UNKNOWN)	I# YES, GIVE W	AR OR DATES)	216-46-0	0588	David S. Tay	lor 1614 De	ogwoo	d Hill	Road
	IL CAUSE OF DEAT	H (Enter only	one cause per	line for (o), (b), or	nd (c). (				BETWEEN	ONSET AND DEATH
	PART I. DEATH W	AS CAUSED		CARCIN	AMOI	OF GINGIVAL	MARGIN			R. 5MOS.
7	Conditions, if only, gave rise to immacouse (a), status underlying cause  PART 2 OTHER SIGN	nediote ig the lost	(c)	R AS A CONSEOU		T NOT RELATED TO THE TERM	MINAL DISEASE OR CONI	DITION G	IVEN IN PART I	(a)
S S			Tim consta				Tee	Tan 18 14		
CERTIFICATION	19a DATE OF OPERA	ION	196 CONDI	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY? YES NO	IN CERT	ES, WERE FINDI IFYING CAUSES (ES []	
	21a. ACCIDENT WAS UND OR CONTRIBUTING () (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH	216. TIME O HOUR A.	M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18,	, PART 1 OR PART 2}	
MEDICAL	WHILE NOT WE AT WORK		21s PLACE ( (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	IN	COUNTY	STATE
	sow the decease abave, (1) (we) (c	d olive on	0-	4 10	80 <sup>-2</sup> .	nd that in (my) (our) opinion	to 8-21 death occurred on the do	ote and ha		that (1) (we) lost couses stated
	276 SIGNATURE	lest (	a sit	elli mi	0	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAP	F IAN (	22c. DATE	SIGNED
	ROBER		PITELL	I, M.D.		GBMC-6701	N. CHARLE	is s	т.	
F	BURIAL, CREMATION,		23b. DATE Aug. 23			remetery or crematory and Mausoleum	23d. LOCATION CITY OR TOWN	. D.	COUNTY	STATE
E	Intombment		nug . 4J	, I J OU   I'I	rargi	id Hadsofedill	Parkville	e Da	ilto. M	44.

DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked

Balto., Md.

Aug. 23,1980 | Moreland Mausoleum Ruck Towson Funeral Home, Inc. Towson, Md. 21204

21 50 12:25A ę are a ot . Fig. 3 21 - - - 0 05 | Devision of the low on the last SUPER TE TINGIVAL MARGIN . TVI. SWEE.

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PHYSICIAN:

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and 2 should be

Pages the

any injury, or other traumatic event,

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is marked or Item 18

IMPORTANT: If Item: 21

should be detached for use as the burial-transit permit. Then please remove carbon parwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

IF UNDER 24 HRS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

... that (I) (we) last

12h KIND OF BUSINESS OR

- STATE REGISTRAR			DEI ARTR	CERTIF	ICATE OF DEATH	THE O	REG. NO		
DECEASED NAME	FIRST	A	AIDDLE		LAST	20 DATE OF D	EATH MONTH	DAY YEAR	2b. HOUR
MIL	DRED	A		TAYN	MANS		AUGUST '	1. 1980	
SEX	1	RACE		S. DATE C	OF BIRTH	& AGE (IN YEAR	LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24
FEMALE		WHIT	E	MAY	17, 1906 YEAR		74 YRS	MONTHS DAYS	HOURS
BIRTHPLACE ISTATE OR FO COUNTRY) MARYLAND	REIGN )	USA	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED		ORE COUN		
BALTIMORE	TH 1	CIENOT IN SUC	HOSPITAL, NURSIN HFACILITY, GNE STREET, RODGERS	ADDRESS)	E RD.	120 USUAL OC (TYPE OF WORK FO CLERK	CUPATION OR MOST OF WORKING		F BUSINESS
SUAL RESIDENCE (IF NURSI STATE MD.	136 COUN		GIVE RESIDENCE BEFORE 134. CITY OR TOW BALTIMOR	N	134. INSIDE CITY LIMITS?	13. STREET AD 218 A	DRESS RODGERS	FORGE R	D. 21
FATHER'S NAME FIRST HENRY		iodie	LUFT		15. MOTHER'S MAIDEN NA FIRST ALICE		MIDDLE	WEST	iT .
(YES, NO OR UNKNOWN)		NED FORCES? WAR OR DATES)	212-05-6		MICHELLE M.	MOWBRAY	ADDRESS 604 REG.	ESTER AV	E. 21
Conditions, if any, gave rise to imm cause (a), stating underlying cause	AS CAUSED IMMEDIATE which nediate g the last	DUE TO, OI  DUE TO, OI  (c)	PENOCAL  R AS A CONSEQUE  R AS A CONSEQUE	PICE OF	OMA OF 12			BETWEEN	MATE INTERVA
PART 2 OTHER SIGN				3	NOT RELATED TO THE TERM	20e AUTOPS	206. IF Y	ES, WERE FINDING CAUSES	NGS USED
	AUSE OF DEAT	HOUR A.	M. MONTH DA	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATUR	E OF INJURY IN ITEM IT	B, PART † OR PART 2)	
(IF EITHER, NOTIFY MEDICA  21d INJURY OCCURR  WHILE NOT WH AT WORK AT WOR		21e PLACE ( (AT HOME, STR	OF INJURY SEET, FACTORY, OFFICE, F	ARM, ETC )	214 FOCATION	C	TY OR TOWN	COUNTY	STAT
220 I certify that (I)	(this haspite	ol) attended the	e deceased from_		19	, to		. 19	that (I) (we

TO FUNERAL DIRECTOR:

DHMH-16 25M (VRA 15, 4) 1/79 230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE

MITCHELL-WIEDEFELD HOME

PHYSICIAN'S NAME (TYPE OR PRINT)

saw the deceased alive an\_

abave, (1) (we) (did) (did nat) view the bady after death.

AUG.

73c NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL CEM. 1980

22e ADDRESS

23d LOCATION

(my) (our) opinion death occurred on the date and hour and from the causes stated

COUNTY

8-1.80

BURIAL 24 FUNERAL DIRECTOR

6500 YORK RD. 21212

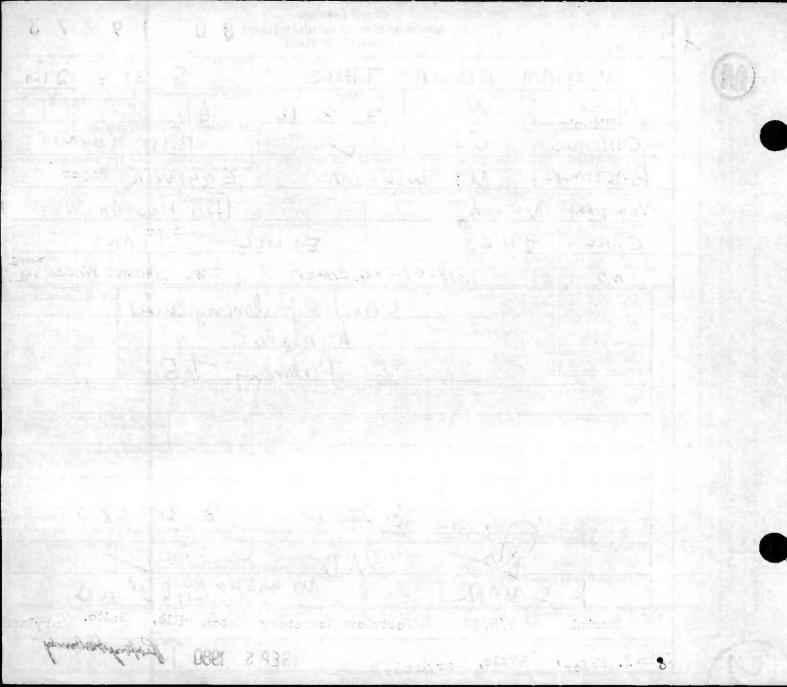
BALTIMORE BY REGISTRAR 256

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

STATE

Loen 3 aug

_ +	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 0	19773
(M)		CEASED NAME PIRST OR PRINT) WILLIA	N A DOLPH	THIES	2g DATE OF DEATH MO	-31-80 2.15A M
100	3. SE	MALE	4 RACE W	5. DATE OF BIRTH  MONTH  OAY  YEAR	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN.
denth Pe	C	CHICAGO	76. CHIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR C	LT. COUNTY MD.
by the Filed wi		BACT (MUKL)	(IF NOT IN SUCH FACILITY, GIVE STREET	LLSUN	TYPE OF WORK FOR MOST OF WO	ORKING LIFEY IN BHISTRY
y filled in should be termust be	130.5	WEWYORK 1000	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	YN 13d INSIDE CITY LIMITS?		657 ER 57.
completely 1 and 2 si		THER'S NAME  CARL	THIES LAST	15. MOTHER'S MAIDEN NA FIRST  LT	EL MIDDINTES	arns ss
be execu	16a. V	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIVI		17. INFORMANT 9-2422 CHART.	T. W.C.	MOUNT WILSON, nd
equires that the death certificate in signed by the attending physici. Then please remove carbon paper to burial, cremotion, or removal. injury, or other traumatic event, the	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	ly one couse per line for (o), (b), on DBY.  E CAUSE (o).  DUE TO, OR AS A CONSEOU  (b).  DUE TO, OR AS A CONSEOU  (c).  CONDITIONS CONTRIBUTING TO	ENCE OF hypuxio	lmany and a description of the second of the	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  ON GIVEN IN PART 1(0)
hos bee permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY? 20 IN	DE IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO
HYSICIAN: The right of the righ	MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	AY YEAR	RED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)
The the ond	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	PARM, ETC.)	CITY OR TOWN	COUNTY STATE
ATTENI Spirol CTOR; for us of He		22a.1 certify that (I) (this haspi sow the deceased alive a above, (I) (we) (did) (did n	tal) attended the deceased from	ond that in (my) (our) opinion	death occurred on the date	ond hour and from the causes stated
0 4 0 40		22b. SIGNATURE	Xls	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
TO HOSPITAL ( retoined by the TO FUNERAL E should be deto with the Stote IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE O	NAIR	TTO ADDRESS W W		n ND
BP	23a. E	urial, cremation, removal Burial	<sup>23b</sup> DATE /80 <sup>23c</sup> W	Name of Cemetery or Crematory estview Cemetery	Catonsvill	Balto. Marylan
DHMH - 16 50M 7/77 (VR A 15 (4))	24. F0 <b>J</b> ●]	ineral director	aVale, Maryla	SEP	E REC'D. BY REGISTRAR 256.	State of the state of



injury, ar other troumatic event, the medical exam

the burial-tronsit permit. Then pleas and Mental Hygiene priar ta burial,

should be detoched for use os the with the State Dept. of Health and

IMPORTANT: If Hem 21 is marked ar Item 18 shaws any

TO FUNERAL DIRECTOR: After this certificate has been

DS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201	L
quires that the death certificate be executed within 24 haurs after death. Page 4 may be	X
signed by the ottending physician and campletely filled in by the funeral directar, page 3 hen please remove carbanpopers. Pages 1 and 2 shauld be filed within 72 hours offer death	

### STATE OF MARYLAND

1 -	FOR STATE REGISTRAR			DEPARTN		EALTH AND MEN		0	Ö REG. NO.	1 9 7	7 4
	CEASED NAME	FIRST	٨	IIDDLE	L.	AST		2a. DATE OF DI	ATH MONTH	DAY YEAR	2b. HOUR
,	Antl	nony		oseph		Thomas		8/29/	80		5:00 R
. SE	X	4	I. RACE		5. DATE C		VEAR	6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	
	Male		Cau.		3	29	09	71	yrs. y	RS MONTHS DATS	HOURS MIN.
C	RTHPLACE (STATE OR FO	REIGN 7	U.S.	A.	8. MARRIEI WIDOWE	NEVER MAR			_	County	MD
0. C	ITY OR TOWN OF DEA	тн 1	1. NAME OF H	OSPITAL, NURSIN	G HOME C			12a. USUAL OC	CUPATION	12b. KIND	OF BUSINESS OR
	atonsvil		6012	BLACK FR	IARS	CIRCLE		Retir	ed Fin		e Dept.
3a. S	MD	13b COUNT		GIVE RESIDENCE BEFORE 13c. CITY OR TOWI Catonsvi	N		o [K		Office Slack I	er Friars	Circle
4. FA	ATHER'S NAME FIRST	M	IDDLE			15. MOTHER'S M.			AIDDLE	- 3	AST
	Anthony			Thoma			bline	2		Unkn	own
6a. V	VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	705-07-		Helen E	. Tho	mas 601	ADDRESS 2 Black	Friars	Circle
NO	Conditions, if any, gave rise to imm couse (o), statin underlying cause	nediate g the last.	(c)	AS A CONSEQUE		NOT RELATED TO	THE TERM	INAL DISEASE C	or condition	GIVEN IN PART )	(a)
CERTIFICATION	19a. DATE OF OPERAT	NV 10N	19b CONDI	TION FOR WHICH	OPERATIO	WAS PERFORM	ED	20a. AUTOPS		YES, WERE FIND ERTIFYING CAUSE YES	
	21a ACCIDENT WAS UND OR CONTRIBUTING CITY MEDICAL	AUSE OF DEAT	HOUR A	A. MONTH DA	Y YEAR	21c HOW INJUR	RY OCCURR	RED (ENTER NATUR	E OF INJURY IN ITEM	A 18, PART 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURR WHILE AT WORK AT WO	HLE T	21e. PLACE ( (AT HOME, STR	OF INJURY SET, FACTORY, OFFICE, FA	ARM, ETC.)	21f. LOCATION	11	CI CI	×/2 or	COUNTY	STATE
	22a I certify that (1) saw the describe obo	d alive on_	2/ V	degrosed from			r) apinian d	death accurred d	n the date and	haur and fram th	
	Latte	wh	Jours	e/M/	2	PHY	NDING SICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	8/2	9/90
	Anthony	10	oung,	M.D.		22e ADDRESS 9055	Chev	rolet	Dr., I	E.C. MD	21043

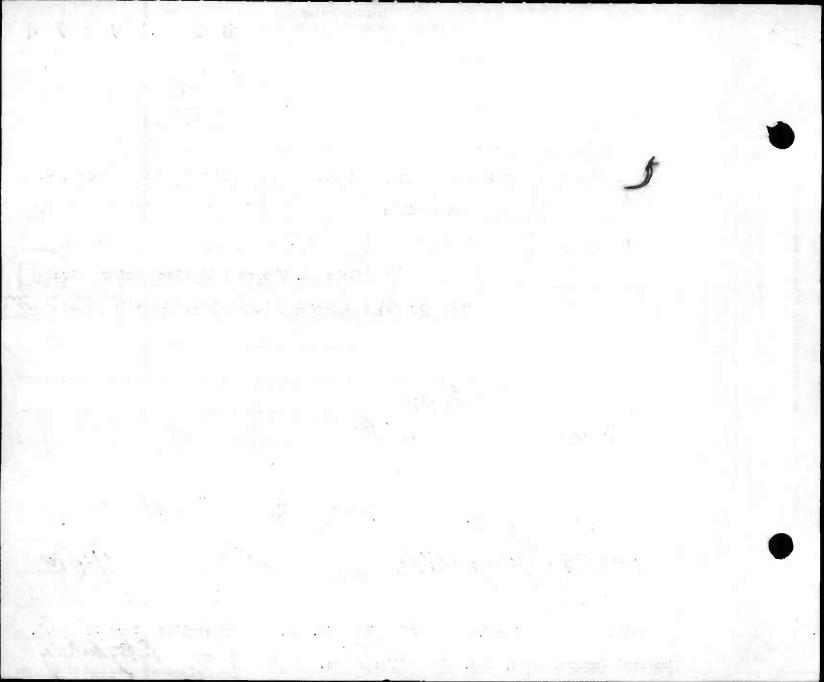
DHMH - 16 60M 7/73 (VR A 15 (4))

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE Burial 09-02-80 23c. NAME OF CEMETERY OR CREMATORY

9055 Chevrolet Dr., E.C. MD 21043 23d. LOCATION CITY OR TOWN

Carrol1 Md. LAKE VIEW MEM. PK. Sykesville

24. FUNERAL DIRECTOR 21229 ADDRESS Hubbard Funeral Home, Inc. 4107 Wilkens Ave.



TO HOSPITAL OK ATTENDING PHYSICIAN, The law req retained by the baspital or attending physician.	10 HOSPITAL OK ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death. Page 4 may b retained by the haspital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbonpaper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours attended with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
MPORTANT: If Item 21 is marked or Item 18 shows any inj	IMPORTANT: If Hem 21 is marked at Hem 18 shows any injury, at other traumatic event, the medical examiner must be natified at ance.
9	500 5301
	3 7 7 1 1 1

DHMH-16 50M7/77 (VR A 15 (4))

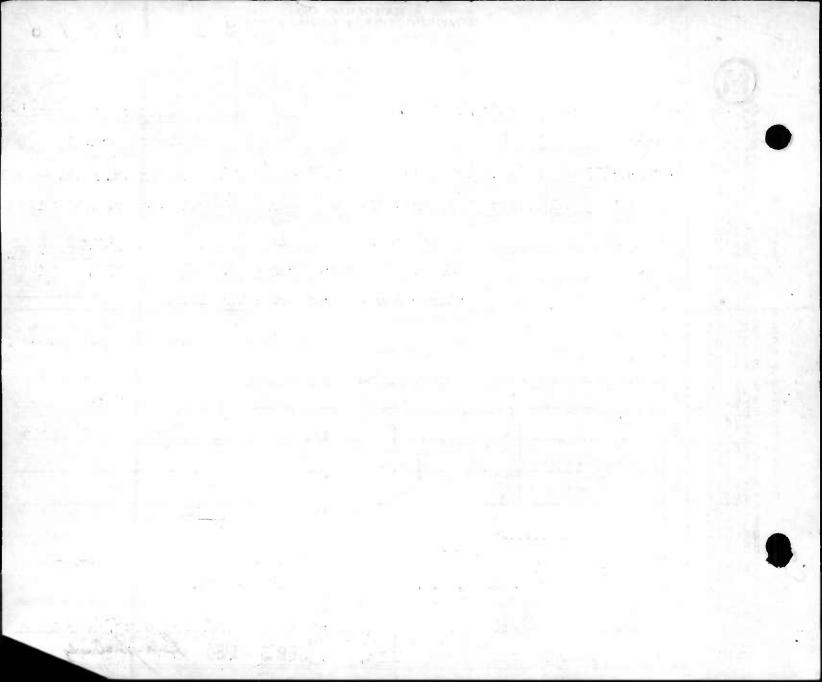
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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙎 n 9

1.	REGISTRAR		5500		REG. NO.								
I. DECE ASED NAME (TYPE OR PRINT)  JOHN				AIDDLE T]	INKLE		August 13, 1980					26 HOUR 11;15A	
	le	88	RACE Whit		5. DATE C	h 18, 1887		93	YR:	MONTH S.			S N
Ba	THE CO. CO.	Md.	U	WHAT COUNTRY?	WIDOWE			ltimo	re C	0.			MD
Rei	or fown of DEAT sterstown		1341 Be	siey Ave	(DDRESS)	or other institution	120 USUAL (TYPE OF WOR	occupat For most Lired	ON PORKING		b. KIND ( IDUSTRY	OF BUSI	INESS
130. 517	Md.	Ball 13P COUNT	THER INSTITUTION,	GIVE RESIDENCE BEFORE 13 CITY OF TOWN REISTERS	town	13d INSIDE CITY LIMITS? YES NO	130 SIREET	ADDRESS Bosle	y Av	e.			
14. FATE	John	Ĕ	DDLE	Tinkler		Sarah	Crou			= 3/	LA	<b>LST</b>	
	AS DECEASED EVER II S, NO OR UNKNOWN) NO	U.S. ARM   IF YES, GIVE V		218-32-28		Mrs. Elizabe	th T.	Schle		West	mins	ter,	M
NO L	PART 2 OTHER SIGN				US TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO WHICH OPERATION WAS PERFORMED  200 AUTOPSY?  YES NOT				20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
MEDICAL	PIG. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT	AUSE OF DEATH LEXAMINER)	P./ 21e PLACE (	M. MONTH DA	19	19 211 LOCATION			IRY IN ITEM		DR PART 2)	NO	STATE
7	(2a. I certify that (1) ( saw the decease above, (1) (wo) (di 1) SIONATURE (2d. PHYSICIAN'S NA)	d alive on _ d) (did nat)	view the body	1984		d that in (my) (aur) apinian DECREE ATTENDING PHYSICIAN [ 270: ADDRESS 1/90 4 Custo	death accurre	_ STA	FF			that (I causes	
230. BU	RIAL, CREMATION, R	EMOVAL	23b. DATE lug. 16,	80 23c. N	AME OF C	EMETERY OR CREMATORY Llead Cemeter	y 23d LOC	ation Elste	rsto	vn coun	MA.	500	=
	eral director	1 Home	e Reis	terstown.	Md.	21136 25a. DA	TE REC'D. BY F	egistrar 1980	25h P. S	STEARS	SI	1	

ENVIOLE TO BREEF TENTON To Wantelnie Tallo, do. ad. meter liver in . over reflect it is a noterior The state of the second . OF THE THE Many and the second sec and a state of the 
	FOR		DEPART		E OF MARYLA EALTH AND A		GIENE O		O	27	"7 L	_
	STATE REGISTRAR			EXAMINE	R'S CERTIF	ICATE OF	DEATH U	REG. NO.	7	0	/ 0	,
	CEASED NAME E OR PRINT)	FIRST	WIDDLE		LAST		OF	KNOWN	MONTH	, ,		HOUR
		George			Tolzma		DEATH	MATED K	8/	- / 1/	30	
3. SEX			DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEAR	MONTHS DAYS		IN PRONOU	VCED .	MONTH			HOU
	Ale		ept. 27, 189	86YRS			DEAL OF RAITIA	ORE CITY OR	COUNT		30 10	UIN
FO	ryland		USA	TIKT!	MARRIED 1	NEVER MARRIED DIVORCED		ltimor	-			
	ITY OR TOWN O		II. NAME OF HOSPITAL, NU				USUAL OCCU	PATION (TYPE C		ount	F BUSINES	SS
D C:	atonsvi	ille	830 Fairwa		ue 212	228 H	for most of wor auling		act	OR IND		Fm
USUA		F IN NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE		4)		e STREET ADDRI		ac u	1		
	ryland	Balt	imore Cat	onsvi	Lle YES	X ON	830 Fa	airway	Av	enue	212	22
14. FA	ATHER'S NAME FIRST		MIDDLE	LAST		HER'S MAIDEN	NAME	MDDLE	- 63	LAST		
54	Edward	EVER IN U.S. ARME	7	olzman	1 17 1150	Louise	*1	ADDRESSE	,,,,,I	Meier		
(Y	ES, NO, OR UNKNOW	(N) (IF YES, GIVE W	AR OR DATES)	CIAL SECURITY $5-14-6'$			o II m	ADDRESS5			ens	
			one couse per line for (a), (b		700 Mr.	Georg	е Н. То	olzman	ва.		MATE INTER	
	PART I DEA	TH WAS CAUSED I	BY: Artei	ioscle	otic car	rdiovasc	ular di	sease		SETWEEN	ONSET AND E	DEATH
	40	MMEDIATE	DUE TO, OR AS A CO									
		, if ony, which to immediate	(b)									
		toting the <u>under-</u>	DUE TO, OR AS A COM	SEQUENCE O								
			(c)									
z	PART 2 OTHER SIGN	NIFICANT CONDITIONS <u>CO</u>	NTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMIN	AL OISEASE OR CONDIT	TION GIVEN IN PART I	(a).					
CERTIFICATION	196. DATE OF C	PERATION	196 CONDITION FOR	WHICH OPERA	TION WAS PERFO	ORMED?				I20. AUTO	PSY?	н
2 =										YES	□ NO	
W W	21g. EXTERNAL		216. TIME OF INJURY HOUR A.M. MONTH	DAY VEAR	21c. HOW INJU	RY OCCURRED	ENTER NATURE OF IN	JURY IN ITEM 18 PA	RT 1 OR PAR			
S		G CAUSE OF DE	ATH P.M.	19								
MEDICAL	ZId. INJURY OC	CCURRED ON THE CO	21e. PLACE OF INJURY STREET, FACTORY, FARM, I		ZIF. LOCATION STREET		CITY OR TO	wn	cou	INTY	Si	STATE
1	WHILE AT WORK	AT WORK										
	22a. I certify	that I took charge	of the remoins described ob	ove, held on	Autopsy .	Inspection	, bquiry:	ond XXX	in my opi	inian		
	death resulted	from: Notural	couses X, Accident	, Suic	ide . Hor	micide .	Undetermined m	onner,				
	ACTUAL	MALL	XI.M			(SPECIFY)			DATE	0 2	7 00	
+	SIGNATURE_		11	_	M.D	ssistant	MEDICALEXAM	AINER	SIGNE	0-3	1-80	_
	EXAMINER'S N	Ann Ann	M. Dixon, M	.D.			Penn St	•				
23a.B	(TYPE OR PRIM)	ON, REMOVAL 73b	DATE 123c	NAME OF CEM	ADDRESS		23d LOCATION					
(5	Buria		1 1-		k Ceme	terv	Baltin	ore C	itv		STATE	
	UNERAL DIRECT	OR	301	Frede	rick Rd	250 DATE REC	D. BY REGISTRA	R 251 G151	HAR'S	GNATURE	A.P.	
Ma	cNabb	Funeral		nsvill	e. Md.	SEP 5	1980	berela	7/1	-UW		



OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP DHMH - 16 50M 1/76 (VR A 15 (4))

retained by the hospital or otherding physicion.	TO FUNERAL DIRECTOR; After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page. I should be detached for use as the burial-transit permit. Then please remove corbonpopers. Pages I and 2 should be filed within 72 hours often death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumotic event, the medical examiner must be notified at once.
retained by the haspital ar	TO FUNERAL DIRECTOR: After should be detoched for use at with the State Dept. of Health	IMPORTANT; If Hem 21 is mor

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH REG NO

	1-	FOR STATE REGISTRAR			CERTIF	ICATE OF DE		0 0	REG. NO.	9	7	7	7
		CEASED NAME FIRST OR PRINT)	λ			AST		20 DATE OF DE	нтиом нта	H DAY	YEAR	26 HOL	JR
		GUY		Robin	T	ORIN			8	16	80		м
	3. SEX	REGINAME FIRST MODILE IMST TORIN 8 16 80  AREC MANE FIRST MODILE IMST TORIN 8 16 80  WHITE 12 14 31 48 VRS WITH MODILE IMST MODILE IMPROVED IN THE MODILE IMPROVED IMP		R 24 HRS									
			WHIT	E				48	Υ		DATS	HOURS	Min
1		RTHPLACE (STATE OR FOREIGN )	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D X NEVER MA	ARRIED .	9 BALTIMORE	CITY OR COL	UNTY OF D	HTAS		
)	Pe	enna.			WIDOWE	D DIVO	ORCED [			RE CO	TNUC	Υ	MD.
-	10 CIT	TY OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NURSIN	IG HOME C	R OTHER INSTIT						FBUSIN	
5			ST. J	JOSEPH H	HOSPI	TAL						ical	
-	USUAL 13a. ST	L RESIDENCE (IF NURSING HOME OR TATE 136 COUNT	OTHER INSTITUTION,		ADMISSION)	13d INSIDE CIT	Y LIMITS? 1	13e. STREET ADD	RESS	UE IT	The state of	6	
>		JIVI LAND	to.			ES 🔲	NO 💢	22 TRI		RM CC	DURT		
T		THER'S NAME	IDDLE	LAST					IDDLE	(3)	1467		
					in					bbins			130
T	16a W.	(AS DECEASED EVER IN U.S. ARA	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMAN	1T					m.	Md.
1				166-24-	8424	Mrs.	Gilber	te F. 1	Corin,	22 T	ree	Far:	m Ct
f		18 CAUSE OF DEATH (Enter only	y one couse per	line for (o), (b), and	d (c'.)	0					APPROXI-	MATE INTE	RVAL
				Cardes	-pu	Knina	my a	TYES	×				
		410-		LAS A CONSEQUE	NCE OF		00.	1 - 1	1 /				
		Conditions, if ony, which	( (b)	1/165510	1E 20	270 Cas	dias	pu/c	as cte	m			
		couse (a), stating the	DUE TO, OR	AS A CONSEQUE	NCE OF L	1.		1- V	1	1-			
		underlying couse lost	(c) K	toterios	CLE	50726	cara	WIES	CUIDS	de	•		
	NO	PART 2. OTHER SIGNIFICANT C	onditions <u>cc</u>	INTRIBUTING TO L	DEATH BUT	NOT RELATED T	O THE TERMIN	VAL DISEASE O	RCONDITION	V GIVEN IN	PART 10	١	
	CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATION	N WAS PERFOR	WED	20a AUTOPS)					
	TIF							YES NO			CAUSES		
		210. ACCIDENT WAS UNDERLYING			V VEAD	21c. HOW INJU	JRY OCCURRE	D (ENTER NATURE	OF INJURY IN ITE		R PART 2)		11
		OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)											
	MEDICAL	21d. INJURY OCCURRED	21e PLACE C	OF INJURY	-	21f. LOCATION	1	P.19.	Y OR TOWN		SINTY		'A76
		WHILE NOT WHILE AT WORK	(AT HOME, STR	LET, FACIONY, OFFICE, F	Anm, EIC.)	JINEEL		CIT	. ONTOWN	CC	eurii.	S	IAIC
		/ /		1			, 19			. 19	, t	thot (I) (v	we) lost
		sow the deceased alive on a	view the hady	after debth	, on	nd that in (my) (a	iur) apinion de	eath accurred or	n the date one	d hour and	from the c	ouses sto	pted
		226. SIGNATURE	/ /	111	/ L	DEGREE		/		2	22c. DATES	SIGNED	7
		Ucher	1/6	reles	ne		TENDING HYSICIAN	DIRECTOR   I	STAFF PHYSICIAN		8/1	6/	80
1		22d. PHYSICIAN'S NAME (TYPE OR	PRINT	,		22e ADDRESS	-	11.	_	1	1	-	
		F. E.	016	05,14	(1).	9000	fran	rklin d	guar.	E 83	300	-2,	1237
2	13a. BU	URIAL, CREMATION, REMOVAL	23b. DATE	23c. N	IAME OF C	EMETERY OR CR	EMATORY	23d. LOCATIO	R				_
- 1		C.remation ///	8/19/	80 W	estvi	ew Crer	natory	CITY OR TOV	timore	COUNT	7 1 -	51/	A*
H	- (						AACL CLI I W	/ Dau	TITIO	2	Mar	VIA	
7		MERAT DIRECTOR MAN	Sma	ADDRESS		ow orca	/	REC'D. BY REGIS					

Treshib ST. JOSEPH NOSETAL PAYSICIAN CONSCI A TARREST SERVICE CERT MENTER X 22 YEARS PARK CAUST ...

MINERAL STREET STREET

	1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.
	1. DE	CEASED NAME FIRST OR PRINT)  MEX	MIDDLE	TPASAPTI.	20 DATE OF DEATH MONTH DAY YEAR
	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)   WINDER LY
		F-EMALE	white	MONTH - 16 1897	83 YRS.
97		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIED   NEVER MARRIED	BALTIMORE CITY OR COUNTY OF DEATH
4	10 C	TY OR TOWN OF DE	11. NAME OF HOSPITAL NU	RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 126, KIN
70		TOWSON	HANOR CA	-RE-RUXTON	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUS
35	130.	AL RESIDENCE (IF NURSING HOME OF	NTY 13c CITY OR T		130 STREET ADDRESS Ligh Cou.
10	14. F/	THER'S NAME	MIDDLE LAST	IS MOTHER'S MAIDEN NA	ME MIDDLE
38	17 1	Ernesto	Luz	ZI	tha le
1	160 (		RMED FORCES? 146 SOCIALS	9-29320 Mrs. Juli	2 High Country Rd.
1			nly one cause per line far (a), (b)		APP BETW
		PART I. DEATH WAS CAUSE	TE CAUSE (a)	aleanes (arbio Vac	culor Deesare
		4029	DUE TO, OR AS A CONSE	COLIENCE OF	
		Conditions, if any, which	(b)		
		gave rise to immediate cause (a), stating the	)	COLLENCE OF	
		underlying cause lost	DUE TO, OR AS A CONSE	OUENCE OF	
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN IN PAR
	CERTIFICATION				
9	FICA	190 DATE OF OPERATION	1% CONDITION FOR WH	TICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FIT
-	ERTI	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	11 HOW IN HIP OCCUR	YES NO YES TO YES TO PART 1 OR PART
7		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	TENTER MATURE OF INJURY IN HEM 18, PART I OR PART
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211 LOCATION	
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF		CITY OR TOWN COUNTY
				10/17/7/	10 8 / 15 / 80 19
		228 I certify that (I) (this hospi	ital) attended the deceased fro	om	
		saw the deceased alive an	Aug 1st 80 1		death accurred on the date and hour and from
		saw the deceased alive an	A . O . OF O.		
		saw the deceased alive on above. (h (we) (did) (did no	Aug 1st 80 1	9, and that in (my) (per) opinion DEGREE	death occurred on the date and hour and from
		saw the deceased alive on above. (h (we) (did) (did no	view the body after death	9, and that in (my) (per) opinion DEGREE	death accurred on the date and haur and fram
-		saw the deceased alive an above, (h (we) (did) (did ve The SIGNATUPE THE PHYSICIAN'S NAME (PIPE O	with the body after death	9 ond (hot in (my) (arr) opinion  DEGREE  ATTENDING PHYSICIAN    22e ADDREŠS	death occurred on the date and hour and from  MEDICAL STAFF DIRECTOR PHYSICIAN S
1	23a (	saw the deceased alive an above. (I) (we) (did)	ment of Strain o	9 ond that in (my) (arr) opinion  DEGREE  ATTENDING PHYSICIAN  220 ADDRESS  1205 Yorl	death occurred on the date and hour and from  MEDICAL STAFF DIRECTOR PHYSICIAN 8
1	23a (	saw the deceased alive an above, (h (we) (did) (did ve The SIGNATUPE THE PHYSICIAN'S NAME (PIPE O	mn, M.D.	9 ond (hot in (my) (arr) opinion  DEGREE  ATTENDING PHYSICIAN    22e ADDREŠS	death occurred on the date and hour and from  MEDICAL STAFF DIRECTOR PHYSICIAN S  ROad-Timonium,  1236. LOCATION

STATE OF MARYLAND

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requires that the death certificate be executed within 24 haurs after death

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE A

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FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 0 1 9 7 7 9
1. DECEASED NAME FIRST (TYPE OR PRINT)	DLE LAST	20 DATE OF DEATH MONTH DAY YEAR 26. HOUR
	RIONFO	8/1/80 9:00 a
3. SEX 4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
Female W	March 13 1920	YRS MONTHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF W	HAT COUNTRY? 8. MARRIED M NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
Md 14.5.	7. WIDOWED DIVORCED	Baltimore County MG
(IF NOT IN SUCH	OSPITAL, NURSING HOME OR OTHER INSTITUTION FACILITY, GIVE STREET ADDRESS)  Baltimore Medical Center	120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF NORK FOR MOST OF WORKING LIFE) INDUSTRY
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADMISSION)  34. CLY OR TOWN  YES   NO   NO   NO   NO   NO   NO   NO   N	130 STREET OPPERS ORbITAN Rd
14 FATHER'S NOME  THOMAS  MIDDLE	Pasko IS MOTHER'S MAIDEN NA	A MIDDLE TOMA
160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NOORUNKNOWN) (IF YES, GIVE WAR OR DATES)	2/3-10-328/ FAMIL	Records
4029 DUE TO, OR Conditions, if ony, which gove rise to immediate	ypertensive arteriosclerot  AS A CONSEQUENCE OF  AS A CONSEQUENCE OF	tic cardiovascular disease
	NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	
190 DATE OF OPERATION 19b. CONDIT	on for which operation was performed	20a AUTOPSY?  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO
CONTRACTOR OF CALLER OF CA	, MONTH DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
OR COMINIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK  AT WORK	FINJURY T, FACTORY, OFFICE, FARM, ETC.)	CITY OR TOWN COUNTY STATE
27.1 certify that (I) (this hospital attended the saw the deceased alive at 8/1/ above. (I) (we) didl (did not new the body a		, to <u>8/1</u> , 19 <u>80</u> , that (I) (we) los death occurred on the date and hour and from the causes stated
The Cheen	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF ☐ DIRECTOR ☐ PHYSICIAN 🛣 8/1/80
22d. PHYSICIAN'S NAME (TYPE OR PRINT)	22e ADDRESS	
Charles C. Brown, M.D.	6701 N. Cha	arles St., Balto., MD 21204

BP

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral shauld be detached far use as the burial-transit permit. Then please remave carbonpapers. Pages I and 2 shauld be filed within 72 twith the State Dept of Health and Mental Hygiene priar to burial, cremation, ar removal.

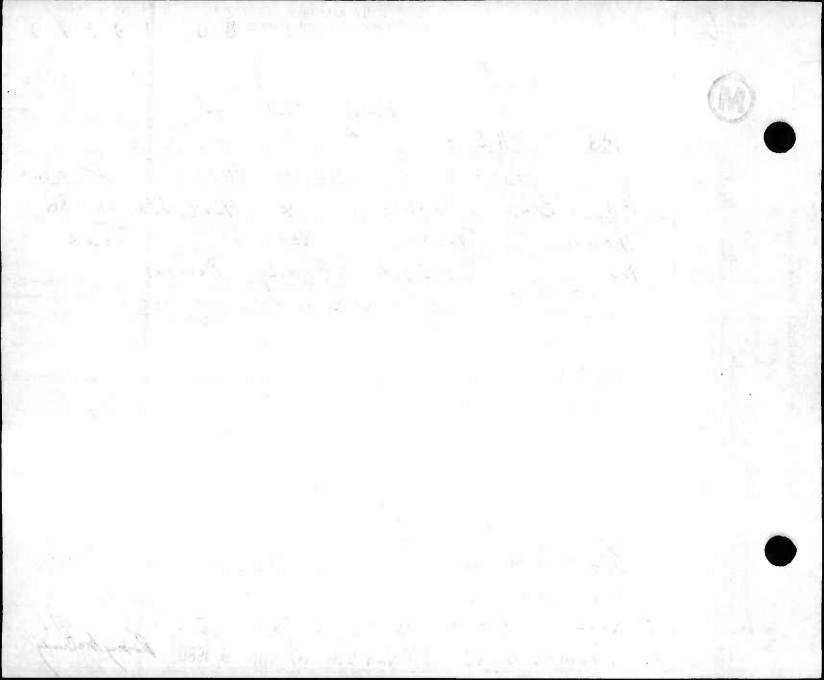
IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the medical

DHMH - 16 50M 1/76 (VR A 15 (4))

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CREMATION, REMOVAL

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deatherioned by the hospital or ottending physician.
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BP DHMH - 16 50M 1/76 (VR A 15 (4) )

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8
CERTIFICATE OF DEATH 9 8

0	FOR STATE REGISTRAR	ULI AKI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	9 / 0	
	1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HO		
	EDWARI	^	THICKED SR	Q	18 80 85	
	3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER	
	MALE	NEGROE	9 4 04	75 YRS	MONTHS DAYS HOURS	
ei .	To. BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	BALTIMORE CITY OR COUN		
35	COUNTRY) MD	IIS A	MARRIED X NEVER MARRIED WIDOWED DIVORCED	BALTIMORE C	OUNTY	
	10, CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINI	
S S S S S S S S S S S S S S S S S S S	BALTIMORE	IF NOT IN SUCH FACILITY, GIVE STREE	HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING	(LIFE)   INDUSTRY	
pe	USUAL RESIDENCE (IF NURSING HOME 130 STATE 13b. COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE AOMISSION)	13e STREET ADDRESS		
25 B	MD		TSVILLY NO D	6225 York	Road	
ine	14 FATHER'S NAME		15. MOTHER'S MAIDEN NA	AME		
52C	JOHN	TUCKER	ANNA	MARIA	SMITHSO	
_	160. WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC		ADDRESS	DITTIOO	
med	(YES, NO OR UNKNOWN) (IF YES, G	ve war or dates) 215-32	2-2504 Georgiann	D Tucker 6	225 York R	
the the	18 CAUSE OF DEATH (Enter of		nd (CA	A F. TUCKET	APPROXIMATE INTEL	
njury, ar other tr		DUE TO, OR AS A CONSEOU	JENCE OF  DEATH BUT NOT RELATED TO THE TER/	winal disease or condition c	GIVEN IN PART 1(a)	
ows only it	19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING	1 b. CONDITION FOR WHICH	H OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USEI TIFYING CAUSES OF DEAT YES NO	
18 sh	OR CONTRIBUTION COLOR	EATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM )	8, PART 1 OR PART 2)	
rkedor	TO OR CONTROL MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY 51	
21 is mo	sow the deceased alive a	n 19 19 19 19 19 19 19 19 19 19 19 19 19		, ta, ta, death occurred an the date and h	aur and from the couses sta	
ZT. #	22b. SIGNATURE	iciano, M.D		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNES	
_	22d. PHYSICIAN'S NAME (TYPE		22e. ADDRESS	n. 11	1	
A PORTA	HECTOR L	. FELICIANO,	MID. 7200 NIF	OIN Roll à	7/219.	
MPORTANT	HECTOR C  230. BURIAL CREMATION, REMOVA (SPECIFY)  Burial	L 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY  Cairview Church	23d. LOCATION CITY OR TOWN	7/2/9.	

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### executed within 24 hours af TTENDING PHYSICIAN: The law requires that the death certificate be

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completely filled in by the funeral direc 1 and 2 should be filed within 72 hours

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. Pawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAD

BP.

DHMH-16 25M (VRA 15, 4) 1/79

FOR STATE

### STATE OF MARYLAND

CERTIFICATE OF DEATH

9

	REGISTRAR			CERTIFI	CAIL OI DEATH	REG. N	<b>D</b> .				
1 0	DECEASED NAME FIRST	MID	DLE	LA	ST	20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HO	UR
	JOSEP	H D	D		ER	August 8	,			м	
3 5	SEX 4 RACE		5 DATE OF BIRTH MONTH DAY YEAR		6. AGE (IN YEARS LAST BIRT		IF UNDER	DAYS	IF UNDER	R 24 HRS	
	Male	White	White		ry 8,1930	50	YRS.	MONTHS	DATS	HOURS	MIN
7a.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WI	WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF			ATH		
	Maryland	U.S.A		WIDOWED DIVORCED		Baltimore County M					MD
2	CITY OR TOWN OF DEATH  TOWSON	St Josep	ACILITY, GIVE STREET A  h Hospit	al	R OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  COnstruction  120. KIND OF BUSINESS INDUSTRY  HIWau			ESS OR		
US 130	UAL RESIDENCE (IF NURSING HOMEO STATE NE COU Maryland	NTY II	ve residence before 3. CITY OR TOWN Baltimor	4	134 INSIDE CITY LIMITS? YES 🛣 NO 🗌	13. STREET ADDRESS 2901 Gib	bons	Ave			
) 14.	FATHER'S NAME FIRST OWEN JO	MDDLE Dseph	Tyler		15. MOTHER'S MAIDEN NA FIRST EVA			Beec	tasi	r	4
7 160	WAS DECEASED EVER IN U.S. AL	MED FORCES?	SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRE	SS				
L	No		220-26 <b>-</b> 7	701	Mrs Pearl M Tyler			Same			
CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	(c) CONDITIONS <u>CON</u>		EATH BUT P	NOT RELATED TO THE TERM	AINAL DISEASE OR CON		IVEN IN P			
TIFIC	, 55					IN CERTIFYING CAUSES OF DEATH? YES NO YES NO					TH?
MEDICAL CER		HOUR A.M. P.M. 21e. PLACE OF	MONTH DA	19	211 LOCATION STREET	RED (ENTER NATURE OF INJUIL CITY OR TOV		COUN		S	STATE
	220.1 certify that (I) (this hosp sow the deceased alive or above, ( {we})(did)(did)	8/8	19 8	0 one	that in (my) (per) opinion	death occurred on the de	ate and ha	19 <u>8</u> ur ond fro		thot (1) { causes st	4
	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN XXDIRECTOR   PHYSICIAN   8/8/80									,	
	Hans J. Koetter, M.D.  22e ADDRESS Suite 315 7600 Osler Dr. Towson, Md. 21204										
	Burial, Cremation, Removal (SPECIFY) Burial	Burial 8/11/80			METERY OR CREMATORY	Queenstown			Maryland		
	FUNERAL DIRECTOR NAME COnard J. Ruck,	Inc. 5305	ADDRESS Harford	Rd.	0.1	G 11 1980	25b. REGIS	TRAR'S S	XX	ORE 1	1

Leonard J. Ruck, Inc. 5305 Harford Rd. 21214

